

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Wilhelmina Ambrose

Town

County

MARYLAND

Died at BaltimoreAlleg

Date

Month

Day

Years

Months

Days

of death 1905Nov1

Age

54520

Sex

FemaleColor or
RaceWhiteBirth-
placeGermany

Occupation

WifeWhere Residing if not
at place of deathMarried, Single
or WidowedMarriedName of Wife or
HusbandWm AmbroseFather's
NameDeuelFather's
BirthplaceMother's
Maiden NameDeuelMother's
BirthplaceName of person giving
In formationWm AmbroseHow related
to deceasedHusband

CAUSES OF DEATH

Primary

Pneumonia

How long

10 days

Immediate

Pulmonary meningitis

How long

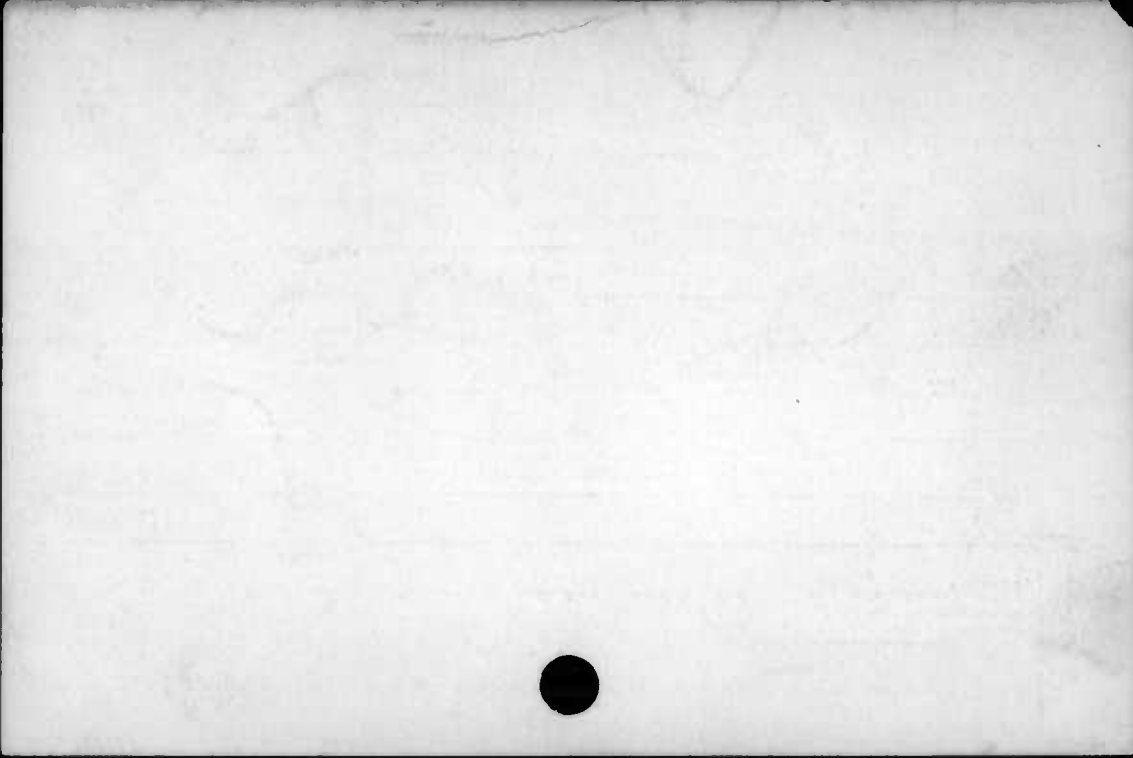
4 daysAre the name, age, sex, color, date
and place correctly given above?yesSignature of
Physician

Address

Spec 12 1/2 Wily
Cumberland Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Paul Asbury Bailey
Town County

MARYLAND

Died at *Home*

Date of death *1905 Nov 22* Age *1* Months *2* Days

Sex *Male* Color or Race *Colored* Birth-place *Md*

Occupation Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Samuel Bailey*

Father's Birthplace *Po*

Mother's Maiden Name *Louy Parker*

Mother's Birthplace *Md*

Name of person giving information *Louy Bailey*

How related to deceased *Mother*

CAUSES OF DEATH

Primary *Pneumonia*

(13)

How long *7 days*

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

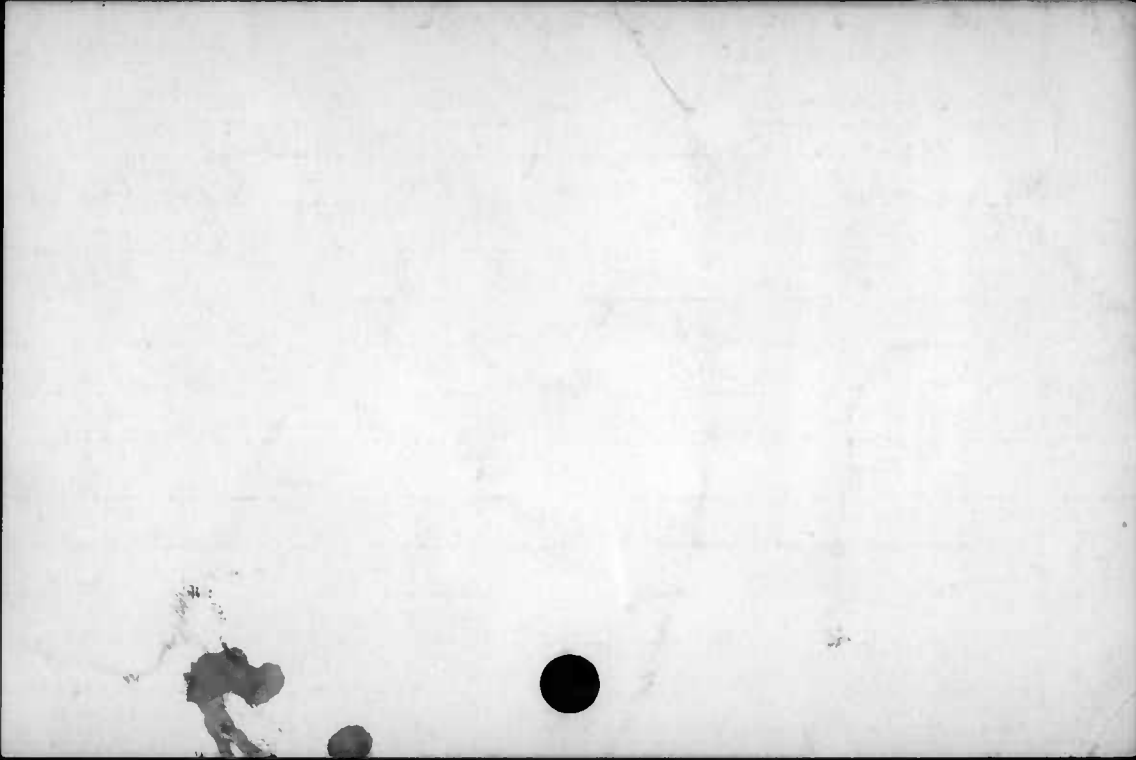
Signature of Physician *Dr. J. Sparks*

Address *Cambridge and Sparks*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Infant Brannon M M

Town

County

Died at Cumberland

Allegany

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905 Nov

16

Age

-

-

-

Sex

male

Color or
Race

white

Birth-
place

-

Occupation

mm

Where Residing if not
at place of death

-

Married, Single
or Widowed

-

Name of Wife or
Husband

-

Father's
Name

Wm Brannon

Father's
Birthplace

Wales, Engl

Mother's
Maiden Name

Mary Anna Johns

Mother's
Birthplace

Wales, Engl

Name of person giving
information

Wm Brannon

How related
to deceased

Father

CAUSES OF DEATH

Primary

Still Born

S.

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
PhysicianDr F. L. Bardoll
Cumberland
Md.

Address

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Bridges - Cople

Town

County

MARYLAND

Died at

Date

of death

Frostburg

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceasedTO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

PHYSICIAN
OR CORONER

Accident or Suicide?

Is M

Catholic Church -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Anna Cathrine Casse

Town

County

Died at Cumberland

accyng

MARYLAND

Date
of death 1905Month
NovDay
25Years
Age 19Months
5

Days

Sex Female

Color or
Race

White

Birth-
place

Cumberland

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

-

Father's
Name

J. W. Casse

Father's
Birthplace

Cumberland

Mother's
Maiden Name

Ellen Hoeneka

Mother's
Birthplace

"

Name of person giving
In formation

J. W. Casse

How related
to deceased

Father

CAUSES OF DEATH

Primary

consumption

How long

1 Year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

A. Leo Franklin M.D.
Cumberland

Accident or Suicide?



Name
in
Full

G. W. Bessna

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death		Month 1905	Day 19	Age 68	Years	Months —	Days —
Sex Male		Color or Race White		Birth- place Bedford Co Pa			
Occupation Retired Farmer				Where Residing if not at place of death Rainsburg Pa			
Married, Single or Widowed Widower		Name of Wife or Husband —					
Father's Name —				Father's Birthplace —			
Mother's Maiden Name —				Mother's Birthplace —			
Name of person giving in information J. Murray Bessna				How related to deceased Son			

CAUSES OF DEATH

Primary	Organic Heart Disease	How long	?
Immediate	Heart Failure	How long	And

Are the name, age, sex, color, date
and place correctly given above? Yes

Signature of
Physician

Address

James I. Johnson M.D.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lester Clyde Clark

Died at *Westernport* TownCounty *Allegany*

MARYLAND

Date
of death *190*Month *11*Day *7*

Age

Years *2*Months *8*Days *12*

Sex

*Male*Color or
Race*White*Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*James Harry Clark*Father's
Birthplace*West Va*Mother's
Maiden Name*Clornelone Patrick*Mother's
Birthplace*Maryland*Name of person giving
In formation*James Harry Clark*How related
to deceased*Father*

CAUSES OF DEATH

Primary

*Dysentery**19*

How long

about ten days

Immediate

Acute Nephritis

How long

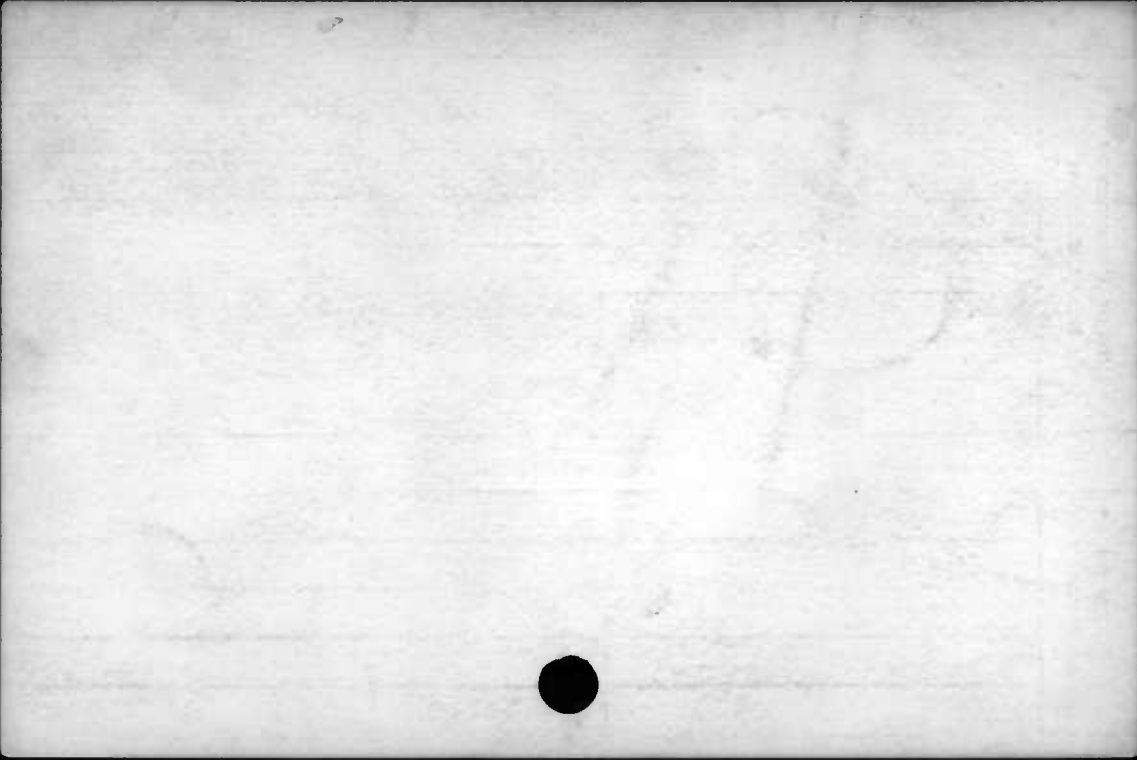
*about 4 or 5 days*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. L. Keltanck
Piedmont
N.C.*

Accident or Suicide?

*no*PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

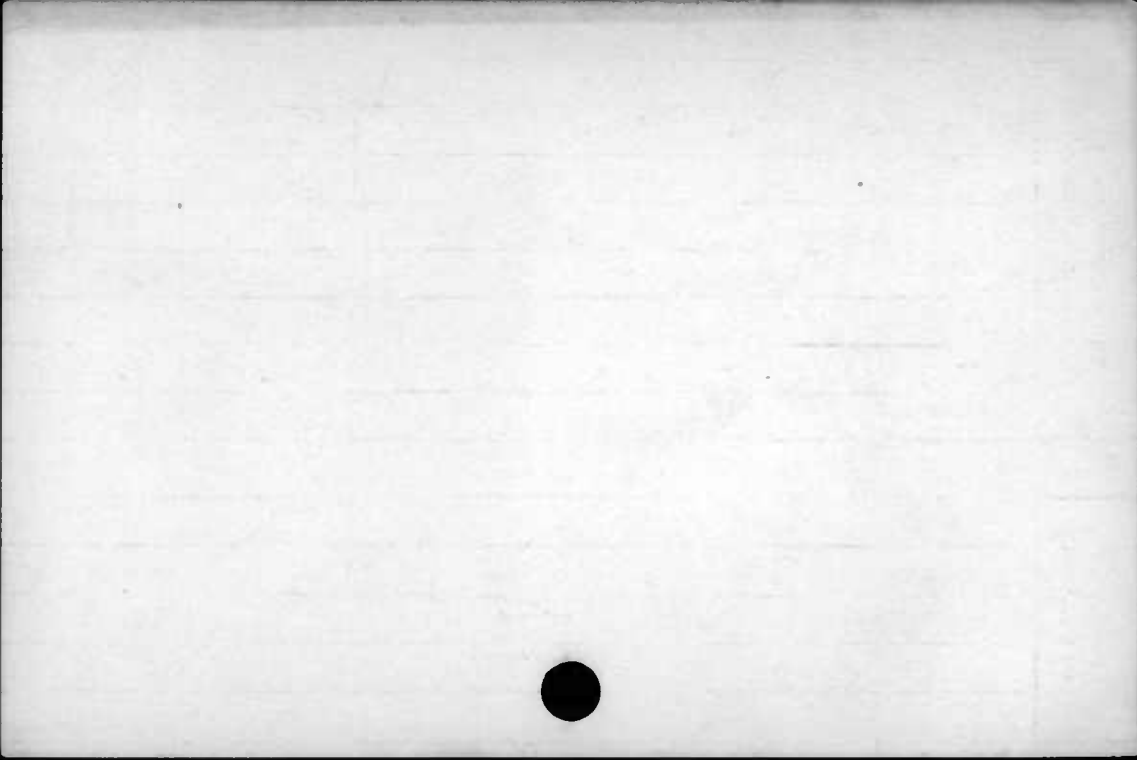
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i> ^{Town} <i>Wingary</i> ^{County}		MARYLAND	
Date of death 190 <i>0</i> ^{Month} <i>11</i> ^{Day} <i>24</i> ^{Years} <i>—</i> ^{Months} <i>—</i> ^{Days} <i>One (1)</i>	Age <i>24</i>	Birth-place <i>Mass house</i>	
Sex <i>Male</i>	Color or Race <i>W</i>	Occupation <i>Coast</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Unknown</i>		Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>Mary Lecons</i>		Mother's Birthplace <i>Wk.</i>	
Name of person giving information <i>Mrs. Elliot S.</i>		How related to deceased <i>Not at all</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Do not know</i>	How long
Immediate <i>Do not know (Stillborn)</i>	How long <i>3 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. St. Leger</i>
	Address <i>Cumtland</i>
Accident or Suicide? <i>—</i>	<i>Wk.</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Nov	30	Age	19		
Sex	Female		Color or Race	White		Birth-place	Firthburg
Occupation	Milliner		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Cornihan					Father's Birthplace	Allegany Co
Mother's Maiden Name	Catharina Catron					Mother's Birthplace	Allegany Co
Name of person giving information	John Cornihan Jr.					How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Laryngeal Tuberculosis	How long	8 months
Immediate	Pulmonary Tuberculosis	How long	4 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. C. Clober
		Address	Firthburg, Md.
Accident or Suicide?	No.		

Is Mr

Centerville County

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary E. Crabtree</i>		Town <i>Lumberland</i>		County <i>Alleghany</i>		STATE <i>MARYLAND</i>	
Died at <i>Lumberland</i>		Date of death <i>1905 Nov 25</i>		Age <i>74</i>		Months <i>3</i> Days <i>1</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Alleghany Co</i>			
Occupation <i>Child</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>D. L. Crabtree</i>		Father's Birthplace <i>Alleghany Co</i>					
Mother's Maiden Name <i>Edith M. Crabtree</i>		Mother's Birthplace <i>Washington</i>					
Name of person giving information <i>D. L. Crabtree</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lymphoid Fever</i>	How long <i>7 weeks</i>
Immediate <i>Intestinal perforation</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William R. Ford M.D.</i>
	Address <i>104 Va. Ave Lumberland</i>
Accident or Suicide? <i>—</i>	

Green Spring W. Va

Name
in
Full

Bertha G Euppr

CERTIFICATE OF DEATH

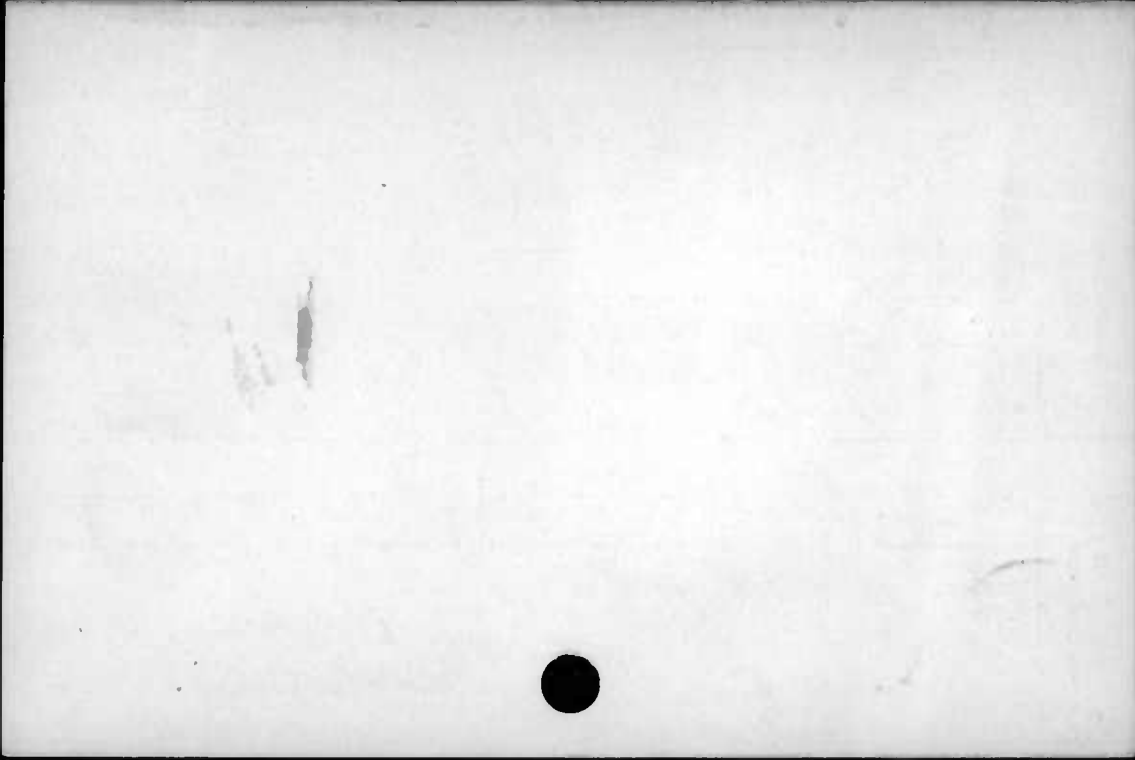
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i> <small>Town</small>		<i>Me</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i> <small>Month</small>	<i>Nov</i> <small>Day</small>	<i>20</i> <small>Years</small>	<i>11</i> <small>Months</small>	<i>8</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ga. Va.</i>			
Occupation <i>Schoolar</i>	Where Residing If not at place of death				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband				
Father's Name <i>Geo W Euppr</i>	Father's Birthplace <i>West Va</i>				
Mother's Maiden Name <i>Guiz B Day</i>	Mother's Birthplace <i>West Va</i>				
Name of person giving information <i>Geo W Euppr</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart Disease</i>	How long <i>5 months</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr C B Claybrook</i>
	Address <i>Cumtland Ma</i>
Accident or Suicide?	



Name
in
Full

Bertie Theo. Dawson

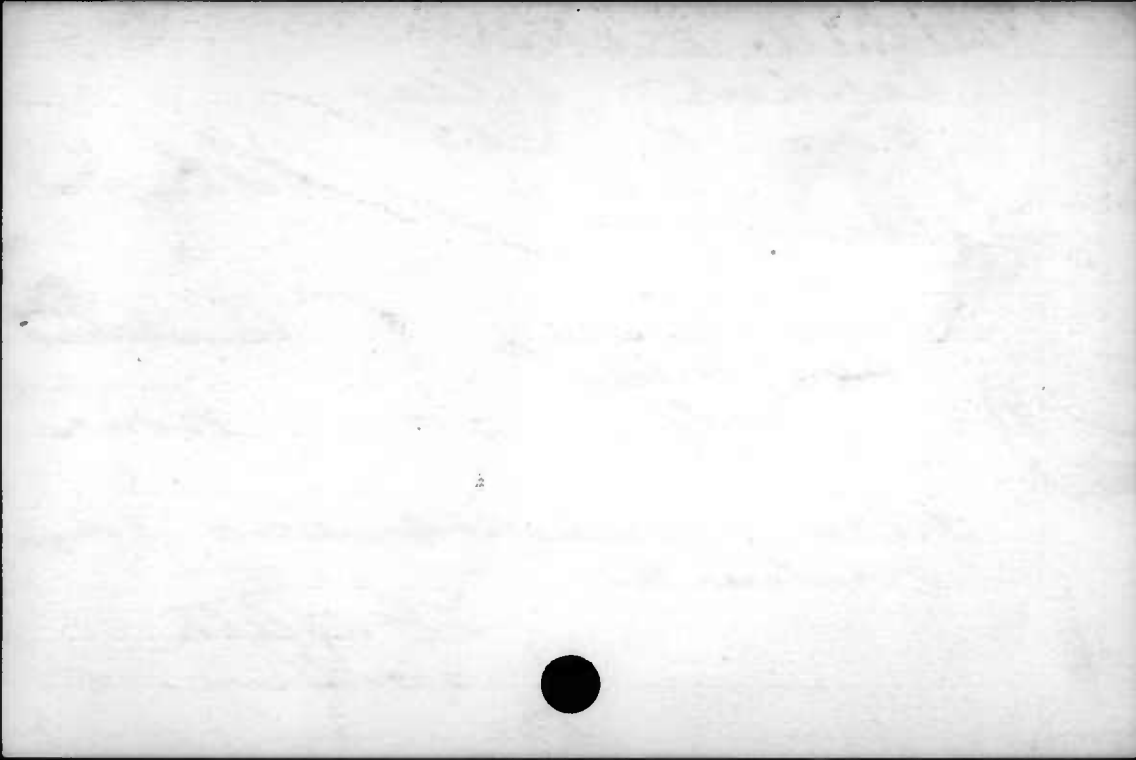
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Wheelersport		^{County} Allegheny		MARYLAND	
Date of death	1905	Month	11	Day	2
Age	20	Years	1	Months	1
Sex	Male	Color or Race	White	Birth-place	West Va.
Occupation	Stenographer		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	Brady Dawson			Father's Birthplace	W. Va.
Mother's Maiden Name	Mary Gibson			Mother's Birthplace	Va.
Name of person giving information	Bessie Dawson			How related to deceased	Sister

PHYSICIAN
OR CORONER

Dr. Panson		CAUSES OF DEATH	
Primary	Typhoid fever	How long	3 1/2 weeks
Immediate	Paralysis	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. H. Panson	
		Address	
		Piedmont	
Accident or Suicide?			
No			



Name
in
Full

Bernette Decker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Cockham		Alleg					
Date of death	1905	Month	Nov	Day	1	Age	15
Sex		F		Color or Race		W	
Occupation		School		Where Residing if not at place of death		Cockham Md	
Married, Single or Widowed		X		Name of Wife or Husband		X	
Father's Name		Edmund Decker		Father's Birthplace		Cumberland Md	
Mother's Maiden Name		Laura Dilley		Mother's Birthplace		Cumberland Md	
Name of person giving information		Self		How related to deceased		None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Abcess on posterior abdominal wall - 3 days	How long	3 days
Immediate	Peritonitis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		J. Griffith	
		Address	
		Harrington Md	
Accident or Suicide?			

G. P. Allen

Cumt,

Name
in
Full

Charles G. Everett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumby</u> ^{Town}		<u>Allea</u> ^{County}		MARYLAND	
Date of death	1905	Month	Mar	Day	16
Age	3	Years		Months	2
Sex	male	Color or Race	white	Birth-place	ms
Occupation	none		Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Jno D Everett			Father's Birthplace	ms
Mother's Maiden Name	Catherine			Mother's Birthplace	ms
Name of person giving information	Jno D Everett			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Cerebrospinal meningitis	How long	3 weeks
	Immediate	Coma	How long	few hours
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		H W Hodgson	
Address		Cumby		ms
Accident? Suicide?				



Name
in
Full

Grace Virginia Endlecks

CERTIFICATE OF DEATH

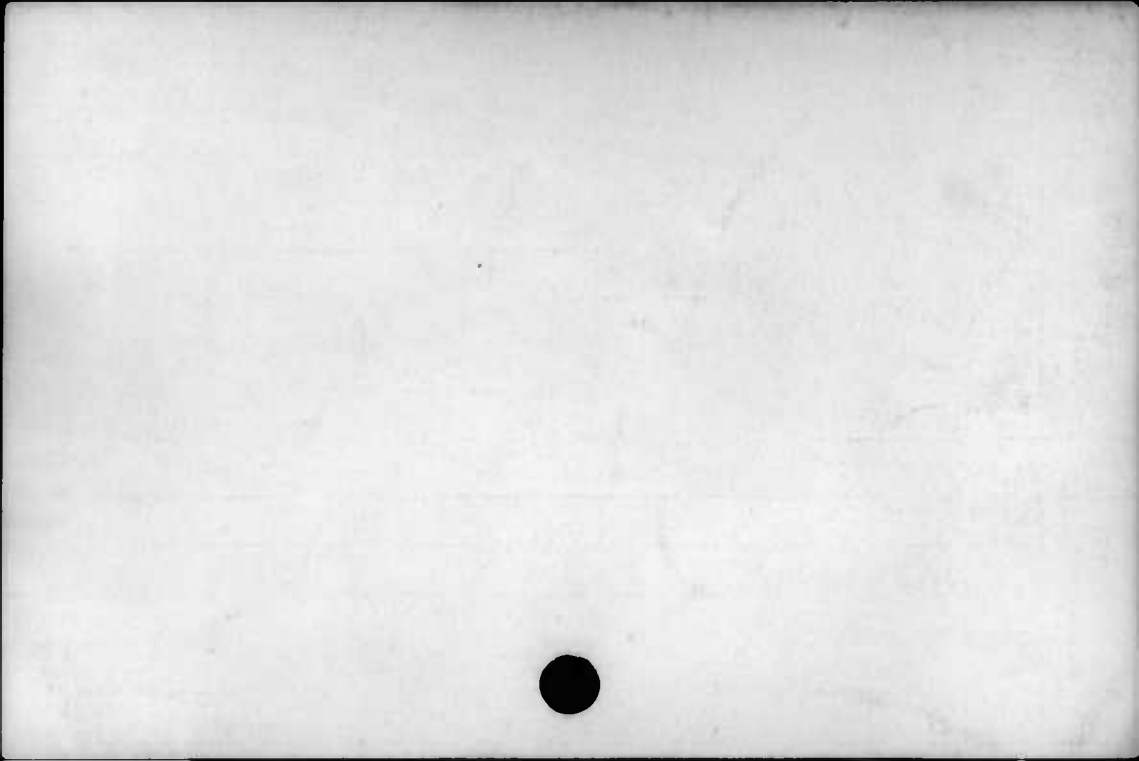
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pudmunt</i> Town		<i>Municipal</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>29</i>	Age <i>5</i>	Months <i>11</i>	Days <i>4</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pudmunt</i>			
Occupation <i>Y</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>C</i>		Name of Wife or Husband			
Father's Name <i>W H Endlecks</i>		Father's Birthplace <i>W Va</i>			
Mother's Maiden Name <i>Sara H Wells</i>		Mother's Birthplace <i>W Va</i>			
Name of person giving information <i>W H Endlecks</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>1 week 2</i>
Immediate <i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Pudmunt W Va</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Mrs Patrick H Gallagher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Barton Town

County

Allegheny

Date of death 1905 Nov

Month

Day

7th

Years

Age 59

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Mt Savage, Md.

Occupation

Housewife

Where Residing if not
at place of death

Barton, Md.

Married, Single
or WidowedName of Wife or
Husband

Patrick H. Gallagher

Father's
Name

Gannon

Father's
Birthplace

Ireland

Mother's
Maiden Name

Margrett Gannon

Mother's
Birthplace

Ireland

Name of person giving
In formation

Michael Nolan

How related
to deceased

1st Cousin

CAUSES OF DEATH

Primary

Chronic Endocarditis

How long

years

Immediate

Anasarca

How long

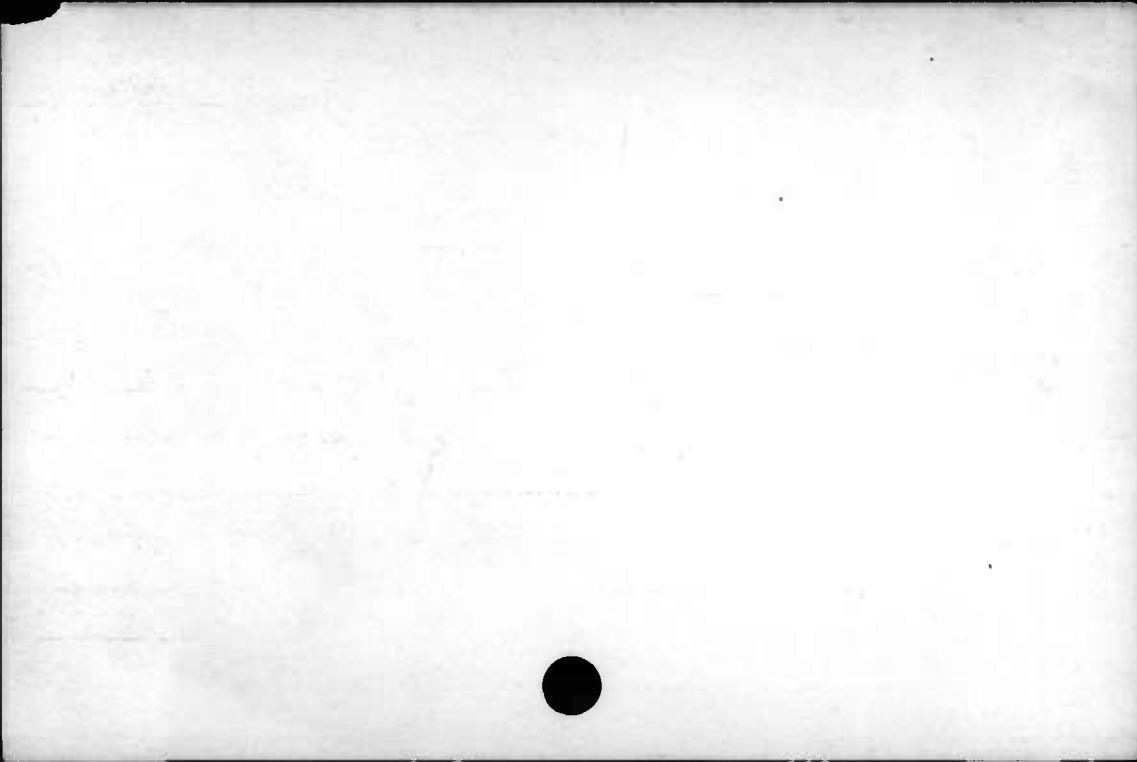
two months

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

John H. McGann M.D.
Barton, Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND			
Date of death		190	5	Month 11	Day 7	Age	Years 42	Months —	Days —
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Italy</i>					
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>Great Capon W. Va</i>							
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband							
Father's Name <i>John Giasapo</i>		Father's Birthplace <i>Italy</i>							
Mother's Maiden Name		Mother's Birthplace <i>...</i>							
Name of person giving information <i>Butler - Undertaker</i>		How related to deceased <i>—</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Concussion of Brain</i>	How long	<i>3 days</i>
Immediate	<i>Coma</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. H. White</i>	
<i>Yes</i>		Address <i>Cumberland Md</i>	
Accident or Suicide?		<i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Charles Grimes*

Town *Cumberland* County *Alleghany* MARYLAND

Died at *Cumberland Alleghany*

Date of death *1905 Nov. 25* Age *32* Months *32* Days *32*

Sex *Male* Color or Race *White* Birth-place *—*

Occupation *Railroader* Where Residing if not at place of death *—*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *Harry Grimes* How related to deceased *Brother*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *—* How long *—*

Immediate *Conjunctive Chills* How long *1 Day.*

Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *H S Wailes*

Address *Cumberland*

Accident or Suicide? *—* *Phone* *402*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James M Hager

Died at *Cumberland* Town

County

Allegany

MARYLAND

Date of death *1905* Month *Nov* Day *17*Age *73* Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Md*

Occupation

*Labor*Where Residing if not
at place of deathMarried, Single
or Widowed*Widower*Name of Wife or
Husband*—*Father's
Name*—*Father's
BirthplaceMother's
Maiden Name*—*Mother's
BirthplaceName of person giving
Information*Walter J Hager*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Paralysis

How long

3 dy.

Immediate

Exhaustion

How long

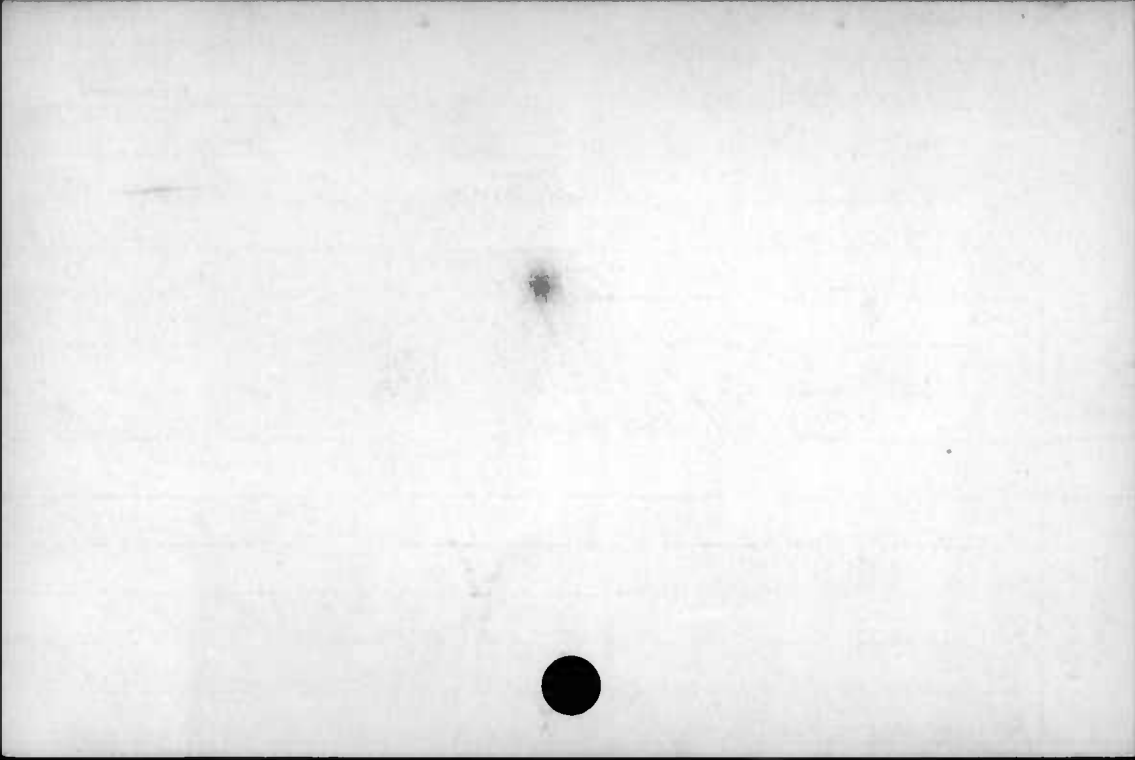
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*Thos. S. Koon**Cumberland
Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full **Cathrine Hauser**

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumby <small>Town</small>		Allegheny <small>County</small>		MARYLAND	
Date of death 1905 Nov 5 <small>Month Day</small>		Age 60 <small>Years</small>		- <small>Months Days</small>	
Sex Female		Color or Race White		Birth-place Germany	
Occupation Wife		Where Residing if not at place of death			
Married, Single or Widowed -		Name of Wife or Husband August Hauser			
Father's Name ---		Father's Birthplace			
Mother's Maiden Name ---		Mother's Birthplace			
Name of person giving information Mrs M. Forebeck		How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis	How long 4 Dfs -
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? yes.	Signature of Physician Dr F L. Barkdole
	Address per Phone
Accident or Suicide?	



Name
in
Full

Virginia Heavenner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Midland</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 1905	Month <i>Nov</i>	Day <i>28</i>	Age <i>41</i> Years	<i>X</i> Months	<i>X</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>N Va</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>W. S. G. Heavenner</i>					
Father's <i>X</i> Name			Father's <i>X</i> Birthplace		
Mother's <i>X</i> Maiden Name			Mother's <i>X</i> Birthplace		
Name of person giving information <i>W. S. G. Heavenner</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Child birth</i>	How long <i>3 hrs</i>
Immediate <i>Shock</i>	How long <i>45 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. G. Smith</i>
	Address <i>Whiteland Md</i>
Accident or Suicide? <i>—</i>	



Name

in
Full

CERTIFICATE OF DEATH

Elizabeth Heintz

Town

County

Died at

Frostburg

Allegheny

MARYLAND

Date

of death 1905

Month

11

Day

1

Years

Age 74

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Germany

Occupation

J.H.N.

Where Residing if not
at place of death

Home

Married, Single
or Widowed

M.

Name of Wife or
Husband

Charles Heintz

Father's
NameFather's
Birthplace

Germany

Mother's
Maiden NameMother's
Birthplace

Germany

Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Interstitial Nephritis Chronic

How long

2 years

Immediate

Cerebral Paresis

How long

6 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Thomas H. H. H. H.

Address

Frostburg, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

G & M

Alley Sanctuary

H = W

Name
in
Full

Hodges

CERTIFICATE OF DEATH

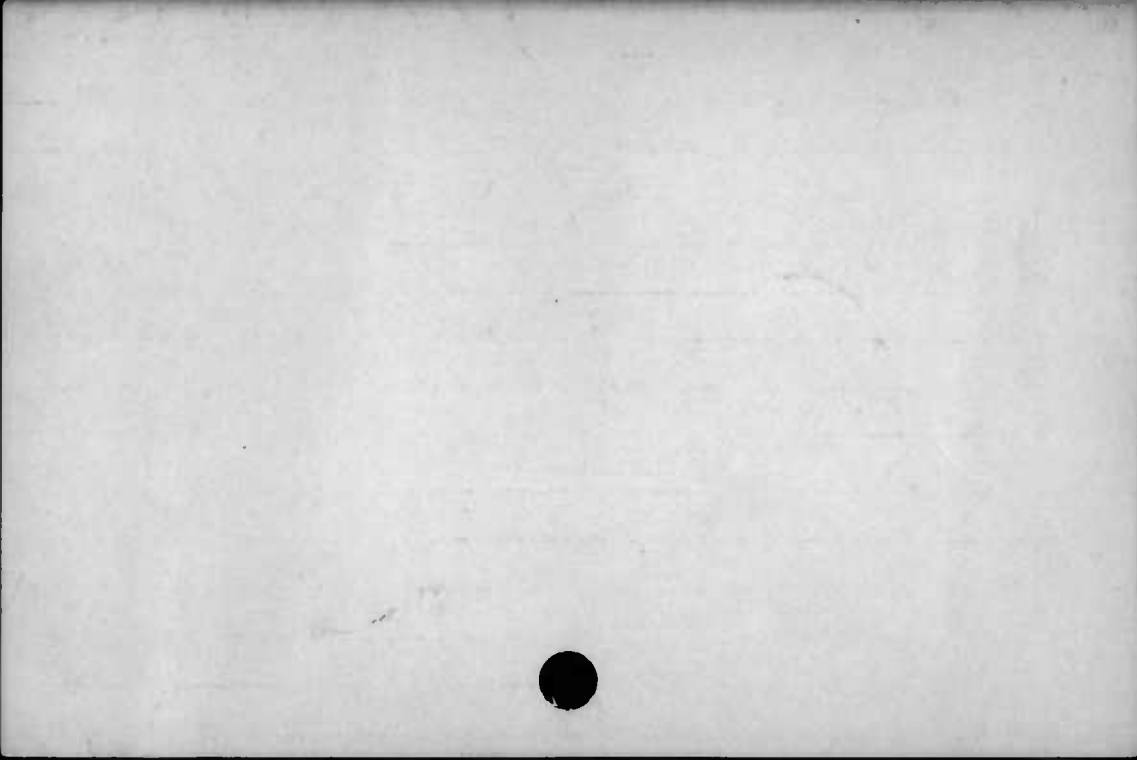
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1905	Month	Nov	Day	29	Age	Years
Sex	Male	Color or Race	White	Birth-place	Crumland	Months	Days
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Controlled Congestive	How long	—
Immediate	Stimulation	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			



Name
in
Full

Frederick Bainbridge Hoff.

CERTIFICATE OF DEATH

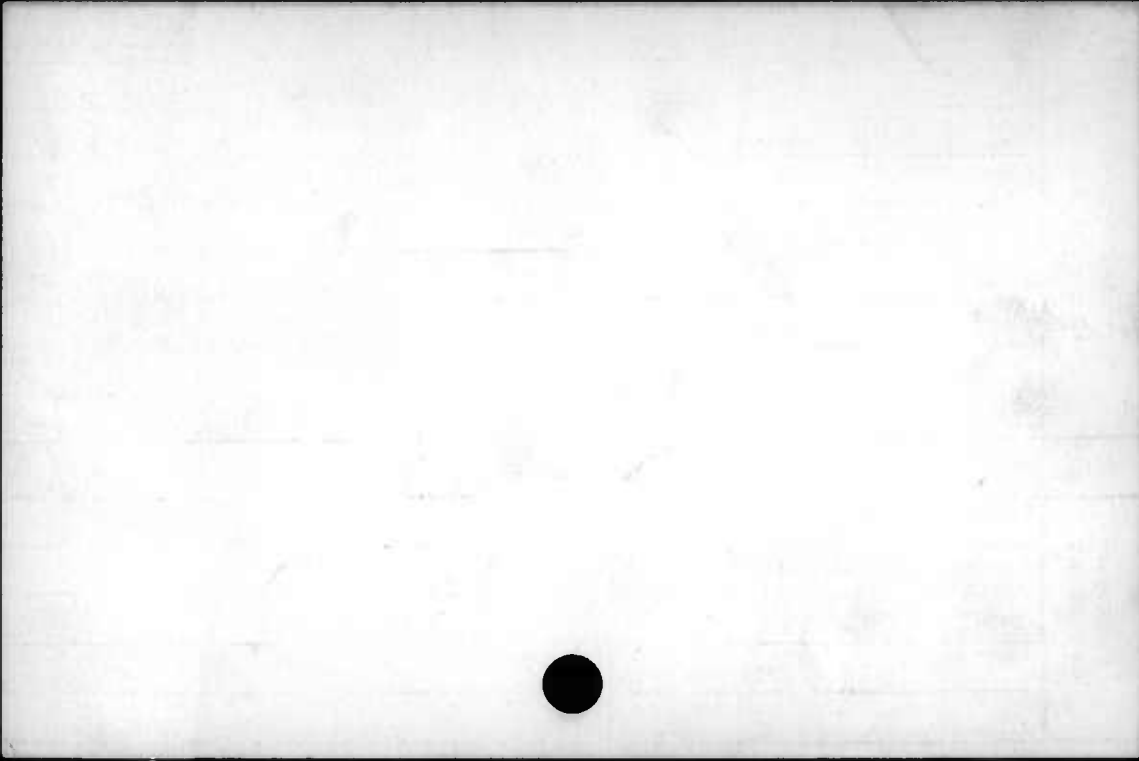
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumw</u> Town		County <u>delaw</u>		MARYLAND	
Date of death <u>11-7-1905</u>	Month <u>November</u>	Day <u>7</u>	Years <u>23</u>	Months <u>6</u>	Days <u>12</u>
Sex <u>Male</u>	Color or Race <u>Caucasian</u>		Birth-place <u>Washington D.C.</u>		
Occupation <u>Mechanical Engineer</u>			Where Residing if not at place of death <u>Pittsburg Pa</u>		
<u>Married</u> , Single or Widowed		Name of Wife or Husband			
Father's Name <u>Laverne B. Hoff</u>			Father's Birthplace <u>Washington D.C.</u>		
Mother's Maiden Name <u>Lillie Morgan</u>			Mother's Birthplace <u>Pittsburg Pa</u>		
Name of person giving Information <u>JMB Hoff</u>			How related to deceased <u>Brother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

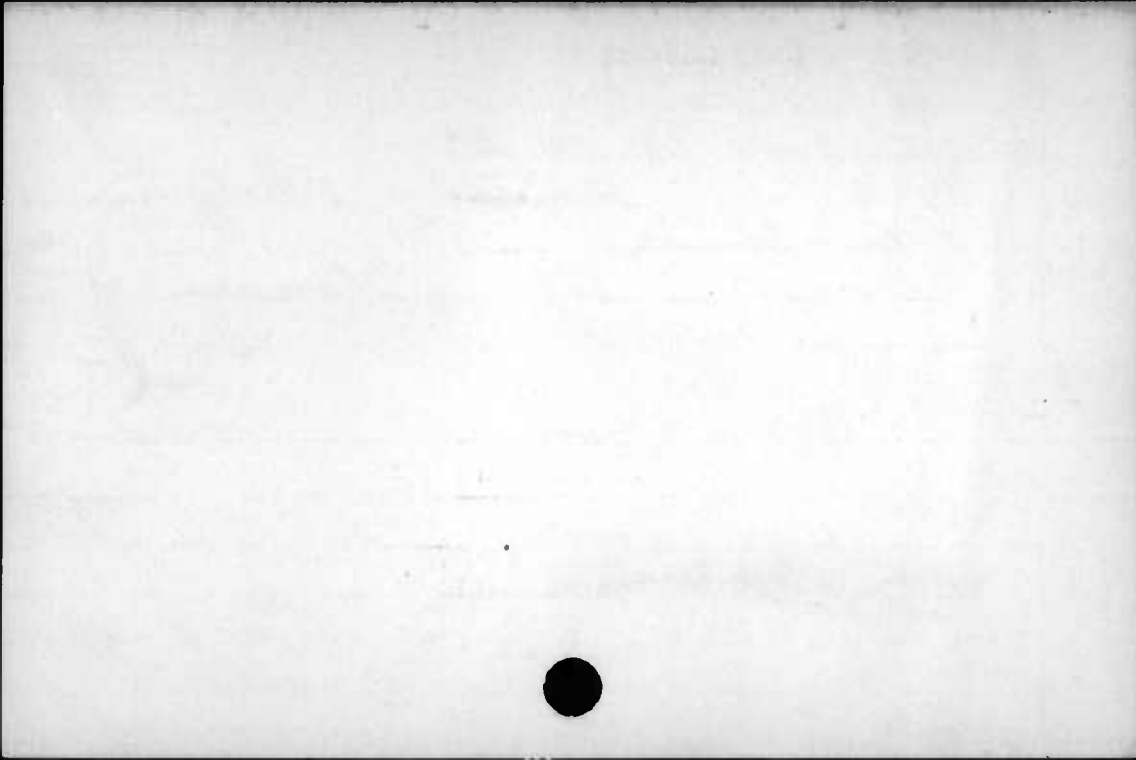
Primary <u>Typhoid Fever</u>	How long
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. M. Hoff</u>
	Address <u>Cumw Island Del.</u>
Accident or Suicide? <u>—</u>	



Name in Full		Town				County		MAYLAND	
Marey Holzen		Cumberd		Allegheny					
Died at		Date of death		Month		Day		Age	
1905		Nov		17		5-2		-	
Sex		Female		Color or Race		White		Birth-place	
Occupation		House Keeper		Where Residing if not at place of death		-		Cumberland	
Married, Single or Widowed		Single		Name of Wife or Husband		-			
Father's Name		Dead		Father's Birthplace					
Mother's Maiden Name		Dead		Mother's Birthplace					
Name of person giving information		Henry Holzen		How related to deceased		Brothers			
CAUSES OF DEATH									
Primary		Immediate				How long			
Drowned		15-18				How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Address			
Jacob B. Humbird		act Coroner		Cumberland Md.					
Accident or Suicide?		Suicide							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Victor Honore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>Alle</u> ^{County}		MARYLAND	
Date of death	<u>1905</u> ^{Month}	<u>Nov</u> ^{Day}	<u>14</u> ^{Years}	Age	<u>29</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Belgium</u>
Occupation	<u>Glass blower</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Agnus Honore</u>		
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information	<u>Agnus Honore</u>			How related to deceased	<u>wife</u>

CAUSES OF DEATH

Primary	<u>Typhoid Fever</u>	How long	<u>2 1/2 wks</u>
Immediate	<u>Heart Failure</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Dr A Leo Franklin</u>
		Address	<u>Cumberland</u> <u>Franklin Md</u>
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Thomas Russell Jackson

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Lonaconing

Allegheny

Date

of death 1905

Month

Nov.

Day

17

Age

Years

65

Months

5

Days

5

Sex

Male

Color or
Race

White

Birth-
place

Scotland

Occupation

Invalid

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Jeannette Stevenson Jackson

Father's
Name

Thomas Jackson

Father's
Birthplace

Scotland

Mother's
Maiden Name

Jeannette Russell

Mother's
Birthplace

Scotland

Name of person giving
In formation

Mrs Thos. R. Jackson

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Articular Rheumatism

How long

4 years.

Immediate

Cerebral Hemorrhage

How long

3 hours.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Henry W. Hodgson, M.D.

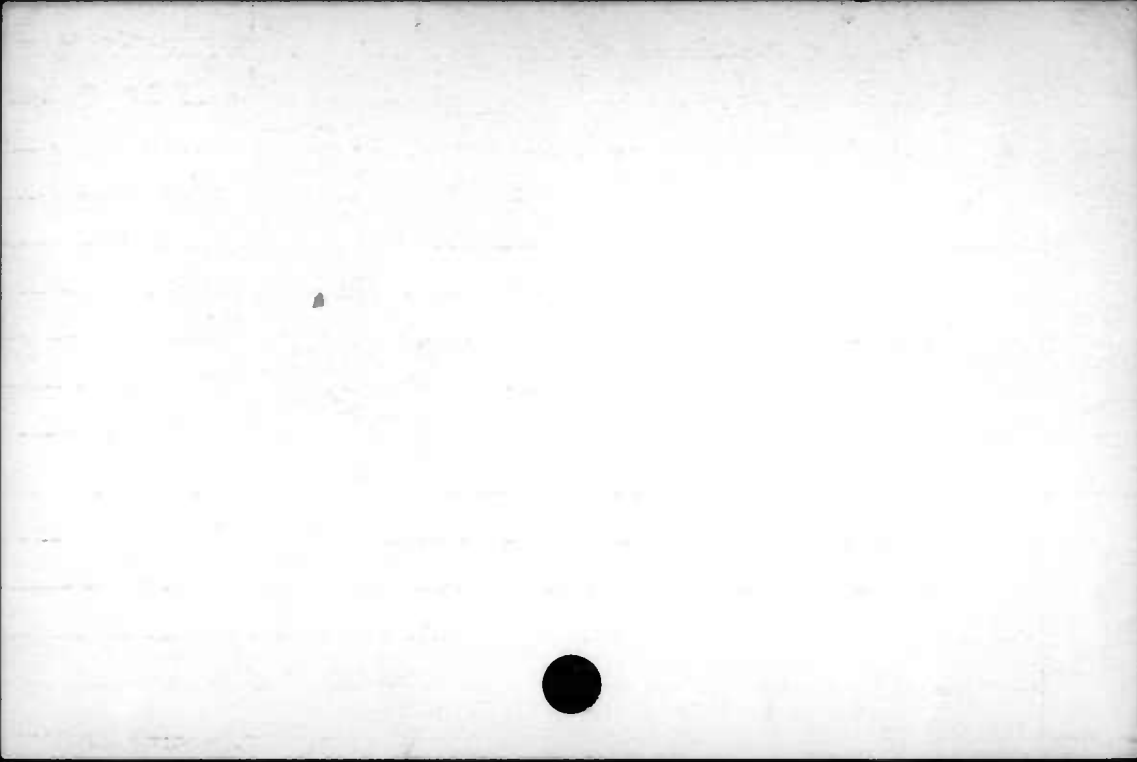
Address

Lonaconing, Ind.

Accident or Suicide?

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Verna May Jones.

CERTIFICATE OF DEATH

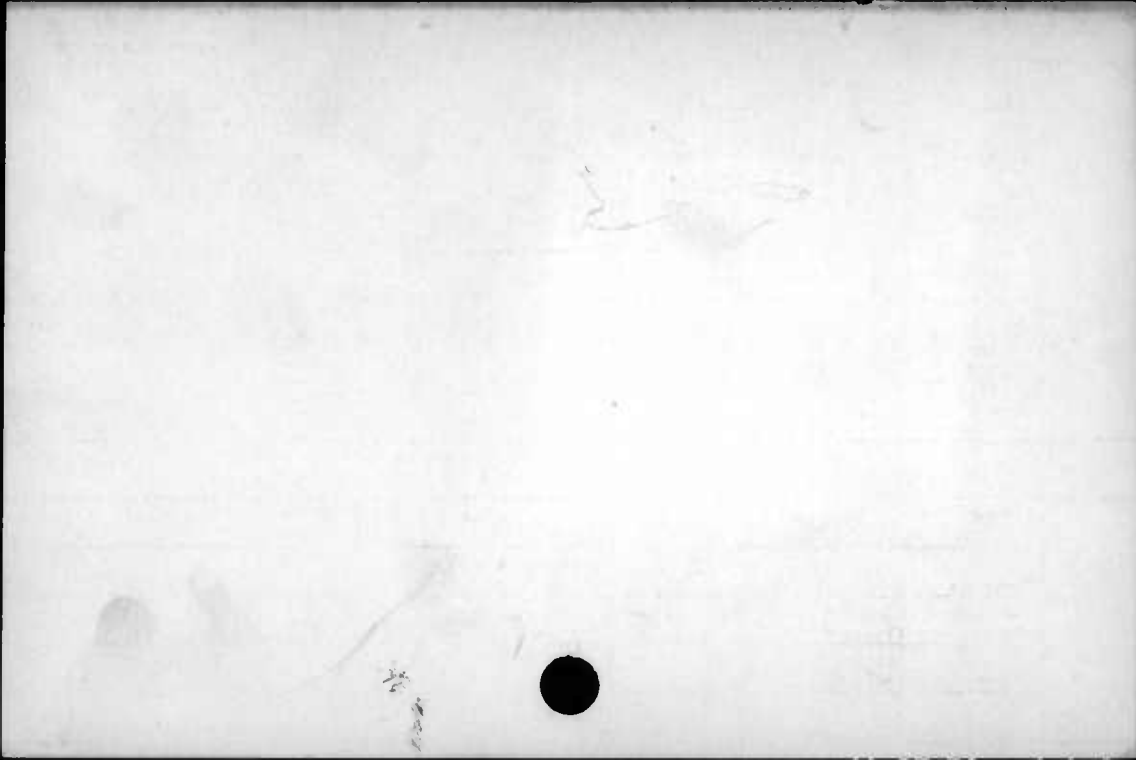
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtuta</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>20</i>	Age <i>—</i>	Years <i>—</i>	Months <i>1</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Cumtuta</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Edwin Jones</i>		Father's Birthplace <i>Cumtuta</i>			
Mother's Maiden Name <i>Bertha F. Winterberg</i>		Mother's Birthplace <i>Cumtuta</i>			
Name of person giving information <i>Edwin Jones</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Opening foramen ovale (heart-)</i>	How long <i>1 mo</i>
Immediate <i>Cyanosis</i>	How long <i>few hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. H. Brace</i>
<i>77 Colerain</i>	Address <i>Cumtuta</i>
Accident or Suicide?	<i>Mrs</i>



Name
in
Full

CERTIFICATE OF DEATH

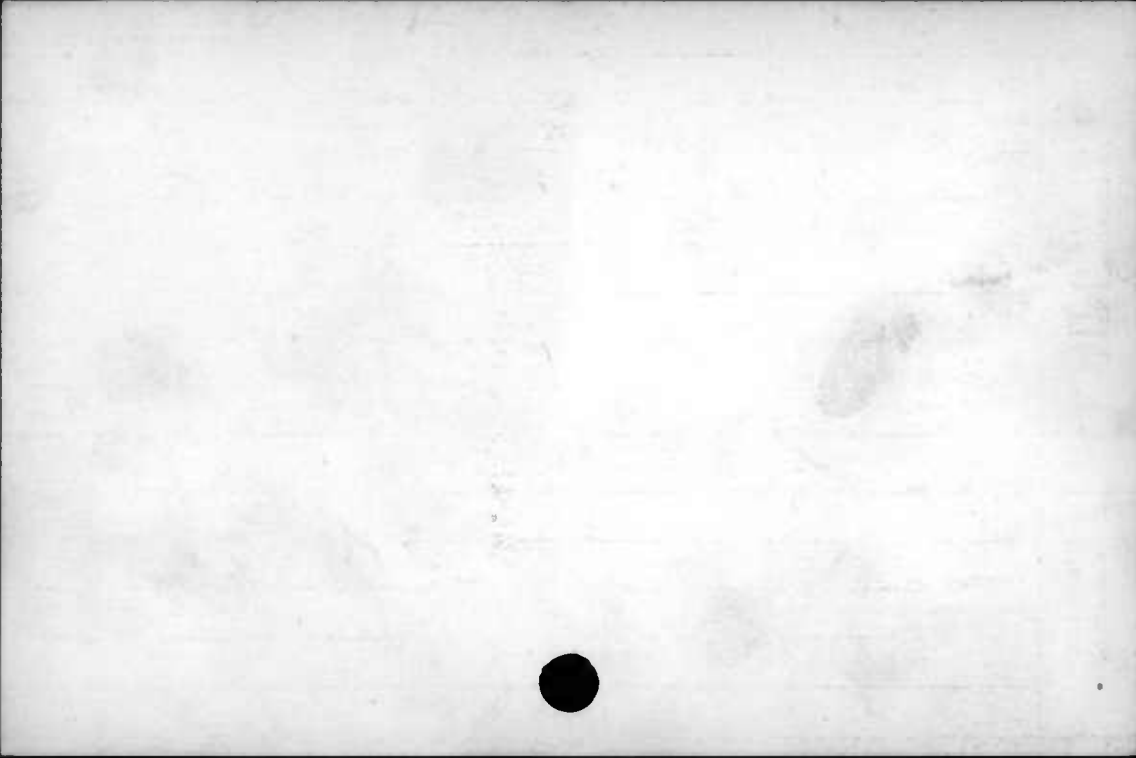
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtland</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death <i>1905 Nov 12</i>		Age <i>—</i>		Months <i>—</i>	Days <i>1</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Jacob Edward Keller</i>		Father's Birthplace <i>W Va</i>			
Mother's Maiden Name <i>Marion E. Smith</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Marion E. Keller</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Constitutional Syphilis</i>	How long <i>Lf</i>
Immediate <i>Exhaustion</i>	How long <i>Life</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. L. Broadbent, M.D.</i>
	Address <i>Cumtland Ind</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtld</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>6</i>	Age <i>9 months</i>	Months <i>9 months</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Cumtld. Ind</i>		
Occupation <i>—</i>	Where Residing <i>if not at place of death</i>		<i>Orchard St. Cumtld. Ind</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Alonso Kephart</i>	Father's Birthplace <i>Cumtld Ind</i>				
Mother's Maiden Name <i>—</i>	Mother's Birthplace <i>Cumtld Ind</i>				
Name of person giving information <i>Woolford, Undertaker</i>	How related to deceased <i>—</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Emaciation</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. H. White</i>
	Address <i>Cumberland Ind</i>
Accident or Suicide?	

Mr

Name
in
Full

Infant. Stewart Lewis

CERTIFICATE OF DEATH

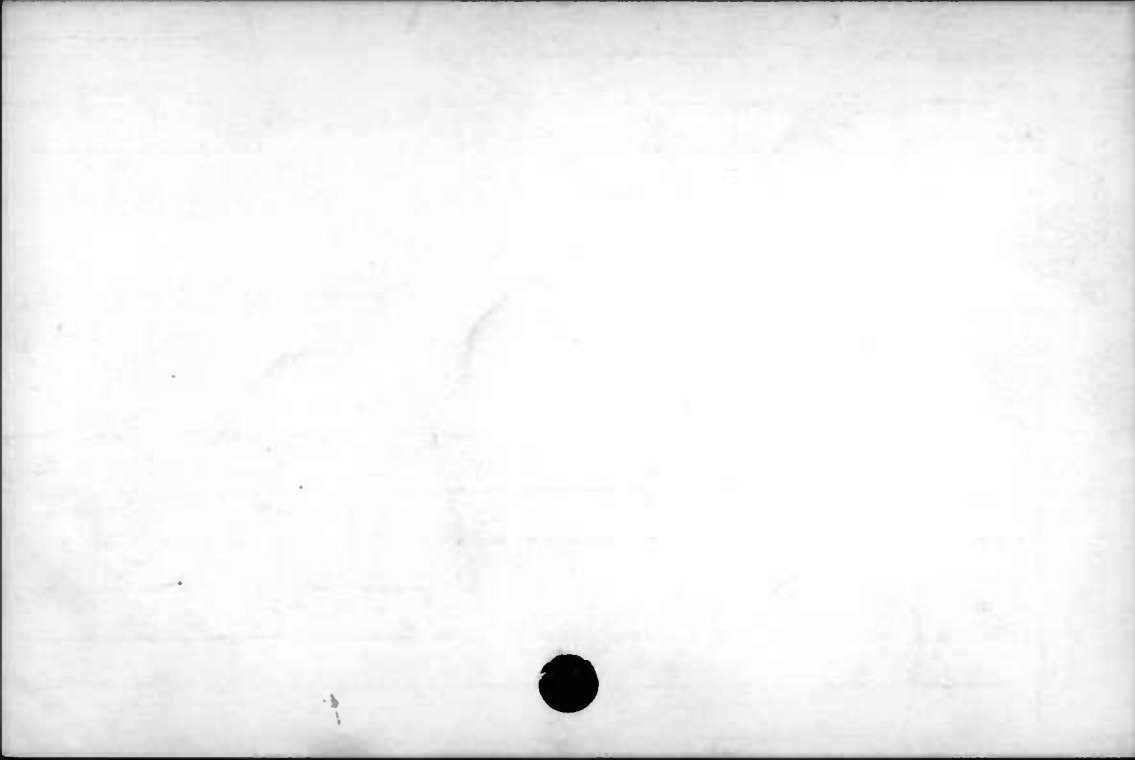
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westmont</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	190	Month	11	Day	2
Age		Years	—	Months	—
Sex		Color or Race	Colored		Birth-place
Occupation		Where Residing if not at place of death		<i>Westmont</i>	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<i>Steward Lewis</i>		Father's Birthplace	
Mother's Maiden Name		<i>Icey Gray</i>		Mother's Birthplace	
Name of person giving information		<i>Steward Lewis</i>		How related to deceased	
				<i>Father</i>	

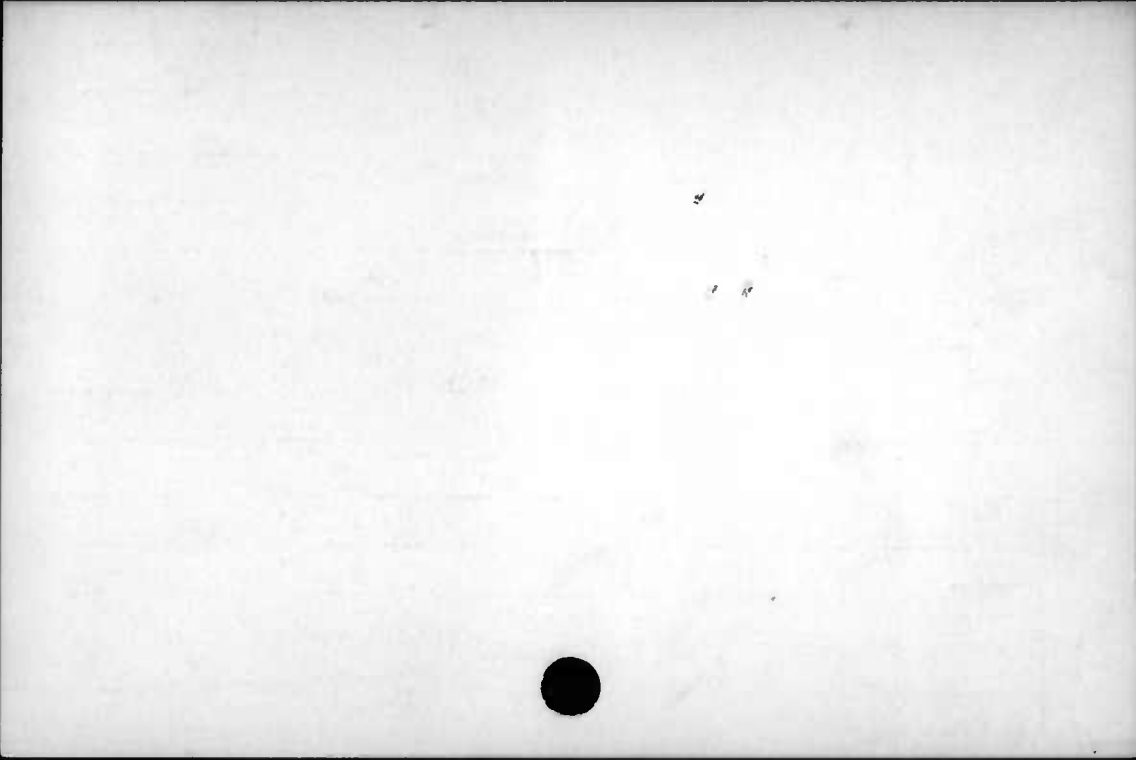
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Unknown</i>	How long	<i>Don't know</i>
Immediate	<i>Unknown</i>	How long	<i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Don't know</i>		<i>W. A. Shurey</i>	
		Address	
		<i>Peridmont W. Va.</i>	
Accident or Suicide?			



Name in Full		Town				County		CERTIFICATE OF DEATH	
Catherine		Logsdon						MARYLAND	
Died at		Cumberland				Age		24	
Date		Month		Day		Years		Months	
of death		1905		Nov		3		1	
Sex		Female		Color or Race		White		Birth-place	
								Allegheny Co	
Occupation		Presser at Laundry				Where Residing if not at place of death			
						-			
Married, Single or Widowed		Single				Name of Wife or Husband			
						-			
Father's Name		Henry J. Logsdon				Father's Birthplace			
						Allegheny Co			
Mother's Maiden Name		Sarah Schmisser				Mother's Birthplace			
						Germany			
Name of person giving information		Henry J. Logsdon				How related to deceased			
						Father			
CAUSES OF DEATH									
Primary		Typhoid Fever				How long			
						3 wks.			
Immediate		Pneumonia				How long			
Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician			
						Dr Ed Harris			
						Address			
						Cumberland			
						Md			
Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

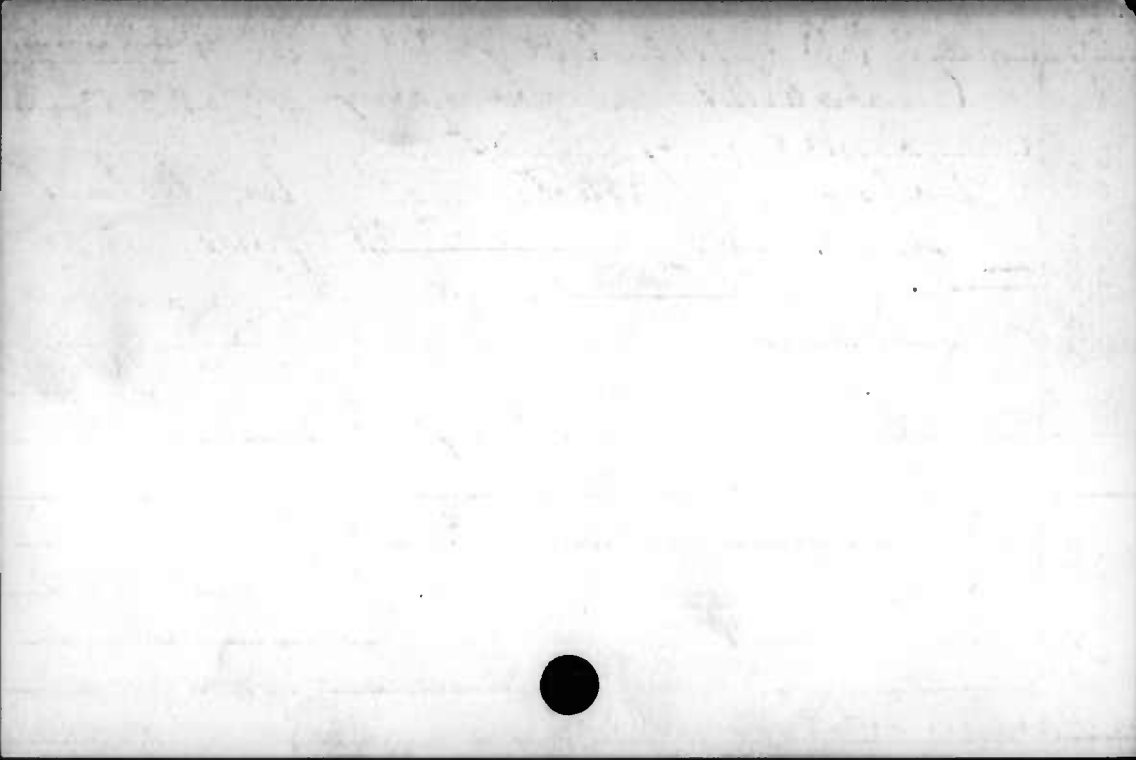
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> ^{Town}		<u>alegheny</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>Nov</u> ^{Month}	<u>27</u> ^{Day}	<u>35</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cumberland</u>			
Occupation <u>Clerk</u>	Where Residing if not at place of death <u>59 Green st</u>				
Married Single or Widowed	Name Wife or Husband				
Father's Name <u>David McEvey</u>	Father's Birthplace <u>Ireland</u>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information <u>Joseph McEvey</u>	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Fractured femur & internally injured</u> ^{RRB}	How long <u>6 days</u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yeb</u>	Signature of Physician <u>N. N. Wiley</u>
	Address <u>Cumberland Md</u>
Accident or Suicide?	



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Miss Mary Mc Hugh

Died at Cumberland ^{Town} Allegany ^{County}

MARYLAND

Date of death 1905 ^{Month} Nov ^{Day} 9 ^{Years} Age 23 ^{Months} ^{Days}

Sex Female ^{Color or Race} White ^{Birth-place}

Occupation ^{Where Residing if not at place of death}

Married, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name James Mc Hugh

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information J. J. Mc Hugh ^{How related to deceased} Brother.

CAUSES OF DEATH

Primary Consumption ^{How long} 3 months
Immediate exhaustion ^{How long}

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician H Geo Franklin
Address ^{East}

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

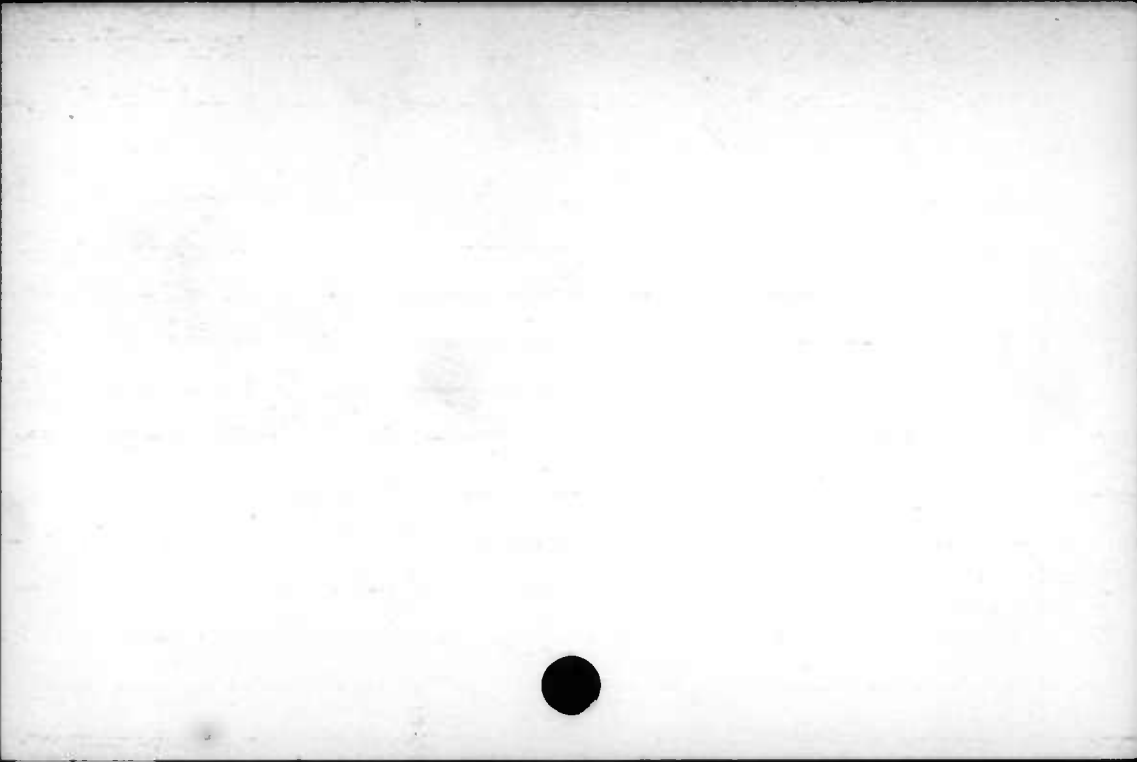
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mrs. Elizabeth Annis McIndoe</i>		Town <i>Lonaconing</i>		County <i>Allegheny</i>		State <i>MARYLAND</i>	
Died at <i>Lonaconing</i>		Date of death <i>1905 Nov 22</i>		Age <i>39</i>		Months <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Lonaconing</i>		Days <i>0</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Wm. McIndoe</i>					
Father's Name <i>Hugh Annis</i>		Father's Birthplace <i>Scotland.</i>					
Mother's Maiden Name <i>Anne Hunter</i>		Mother's Birthplace <i>Scotland.</i>					
Name of person giving information <i>Mrs. Wm. McIndoe</i>		How related to deceased <i>Mother-in-law</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Rheumatism, Valvular Heart Disease</i>	How long <i>Nine years</i>
Immediate <i>Dyspnoea, Heart failure</i>	How long <i>3 weeks.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry M. Hodgson</i>
	Address <i>Lonaconing, Ind.</i>
Accident or Suicide? <i>No.</i>	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sydney Mackert</i>		Town <i>Gunn</i>		County <i>Alle</i>		MARYLAND	
Died at <i>Gunn</i>		Month <i>Nov</i>		Day <i>12</i>		Years <i>31</i>	
Date of death <i>1905</i>		Month <i>Nov</i>		Day <i>12</i>		Age <i>31</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Edward Mackert</i>					
Father's Name <i>Henry J. Gogdson</i>		Father's Birthplace <i>MD</i>					
Mother's Maiden Name <i>Sarah Smeyinger</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>Edward Mackert</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

Primary

Typhoid Fever

How long

4 days

Immediate

Hemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Fight



Name
in
Full

C. C. Marks.

CERTIFICATE OF DEATH

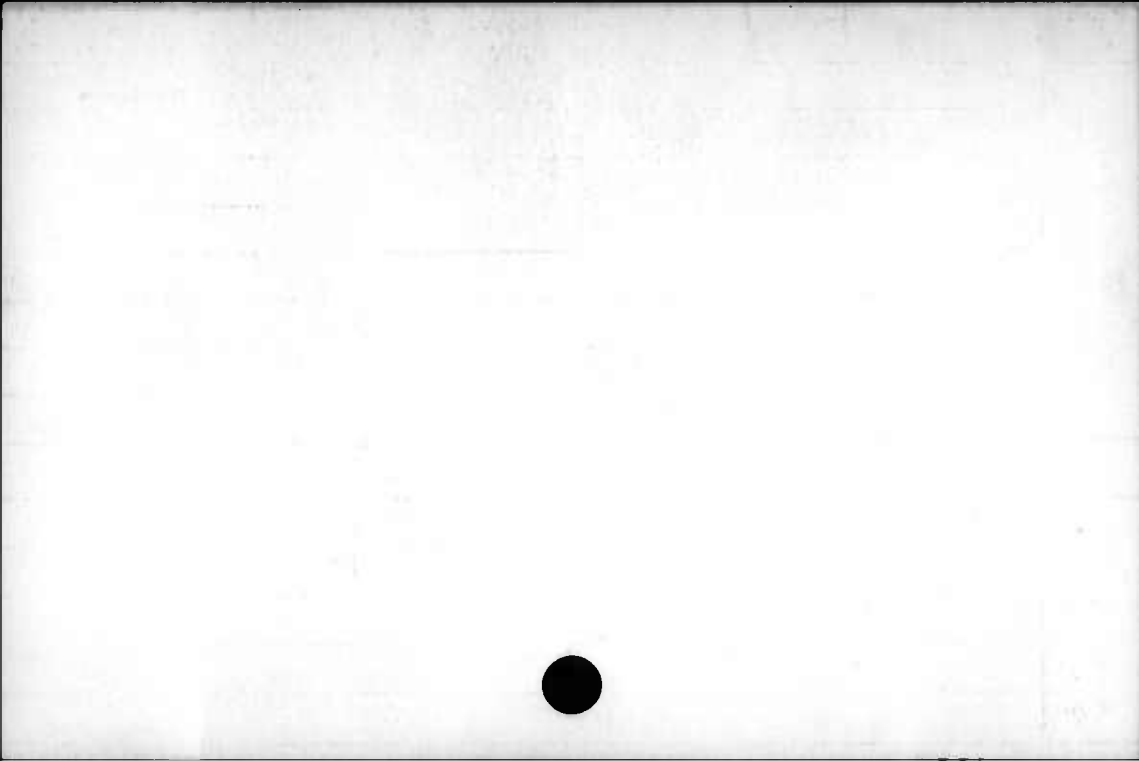
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rawlins,</u> ^{• Town}		County <u>Alcega</u>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	11	18	Age 32		
Sex	Color or Race		Birth-place		
Male -	White				
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
		Maggie			
Father's Name			Father's Birthplace		
James Marks -					
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		
Geo M C Donald -					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
	100
Immediate	How long
Accident on R.R.	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
	J. H. Humbert
	Acting Coroner
Accident or Suicide?	



Name
in
Full

Lorna Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lonaconing</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death <u>1905</u>	Month <u>Nov.</u>	Day <u>25</u>	Age <u>1</u>	Years <u>1</u>	Months <u>7</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Lonaconing</u>		
Occupation <u>Miss none</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm. H. Mills</u>		Father's Birthplace <u>Mt. Savage</u>			
Mother's Maiden Name <u>Mary Barry</u>		Mother's Birthplace <u>Lonaconing</u>			
Name of person giving information <u>Mary Mills</u>		How related to deceased <u>Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tubercular Meningitis</u>	How long <u>2 months</u>
Immediate <u>Convulsions</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>James O. Bullock</u>
	Address <u>Lonaconing</u>
Accident or Suicide? <u>no</u>	<u>Maryland</u>



Name
in
Full

CERTIFICATE OF DEATH

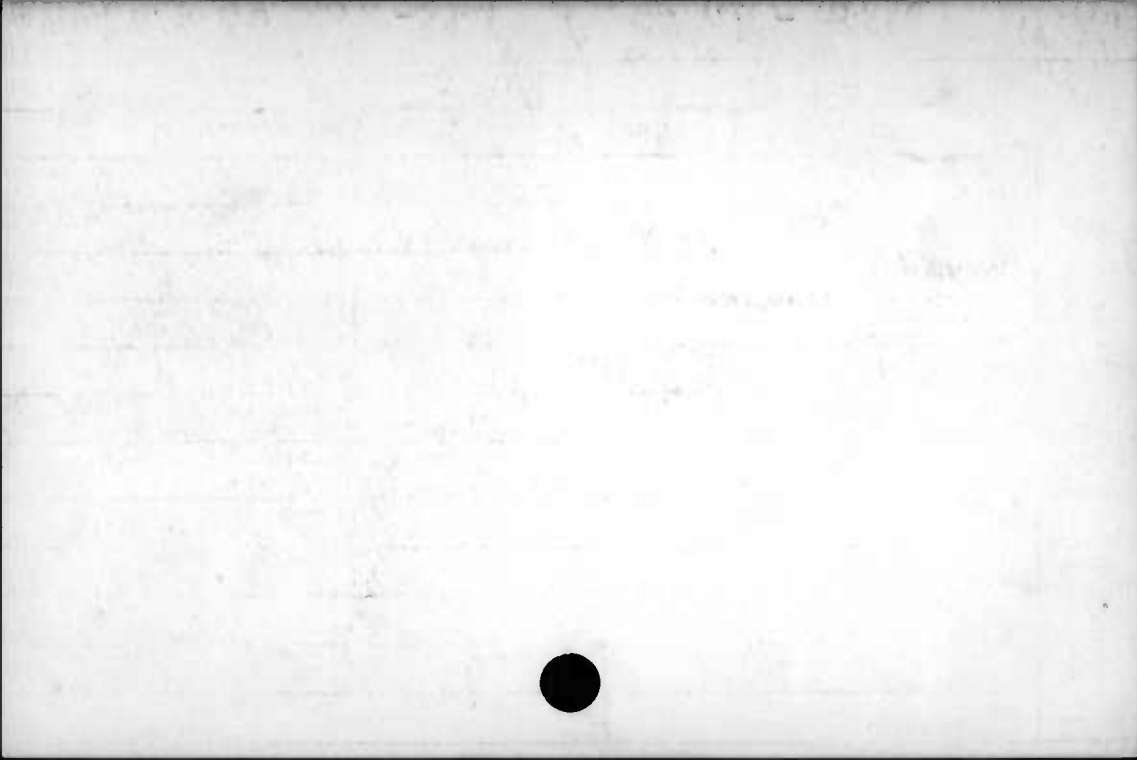
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Linacorn</i>		Town <i>Linacorn</i>		County <i>Alligany</i>		State <i>MARYLAND</i>	
Date of death 190 <i>5</i>	Month <i>Nov</i>	Day <i>12</i>	Age <i>19</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birthplace <i>Linacorn</i>				
Married, Single or Widowed <i>Single</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband							
Father's Name <i>Esau Morgan</i>				Father's Birthplace <i>Ches</i>			
Mother's Maiden Name <i>Rebecca Linker</i>				Mother's Birthplace <i>Pa</i>			
Name of person giving information <i>Wm Morgan</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>Two weeks</i>
Immediate <i>Intestinal hemorrhage</i>	How long <i>Six hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W.D. Skillings M.D.</i>
	Address <i>Linacorn</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

James O'Neill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

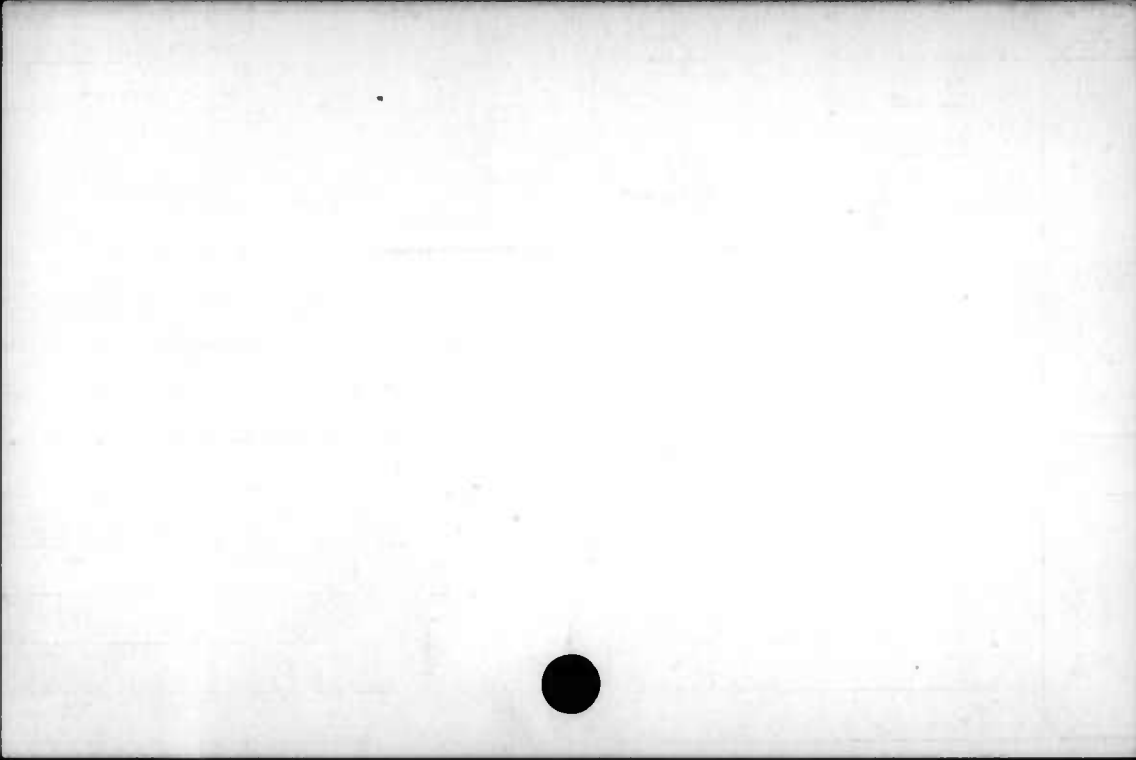
MARYLAND

Died at <i>Cumberland</i> <small>Town</small>		<i>Queen Anne's</i> <small>County</small>	
Date of death <i>1905</i> <small>Month</small> <i>Nov</i> <small>Day</small> <i>25</i> <small>Years</small> <i>63</i> <small>Months</small>	<i>63</i> <small>Days</small>		
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Linwood</i>	
Occupation <i>Coroner</i>	Where Residing if not at place of death		
Married, Single <i>Widowed</i>	Name of Wife or Husband <i>Elizabeth O'Neill</i>		
Father's Name <i>James E. O'Neill</i>	Father's Birthplace <i>Linwood</i>		
Mother's Maiden Name <i>Eleg - Granger</i>	Mother's Birthplace <i>Wheeler</i>		
Name of person giving Information <i>Michael O'Neill</i>	How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inguine Heart disease</i>	How long <i>Years</i>
Immediate <i>Heart Failure</i>	How long <i>10</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>James J. Shuman M.D.</i>
	Address <i>Cumberland Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDSupposed to be H. H. Parker.
Died at ^{Town} *Richmond, W. Va* ^{County}

MARYLAND

Date of death 1905 11 21 Age 45
Months Days

Sex Male - Color or Race White Birth-place -

Occupation - Where Residing if not at place of death -

Married, Single or Widowed - Name of Wife or Husband -

Father's Name - Father's Birthplace -

Mother's Maiden Name - Mother's Birthplace -

Name of person giving Information *G. L. Butler* How related to deceased -

CAUSES OF DEATH

Primary How long

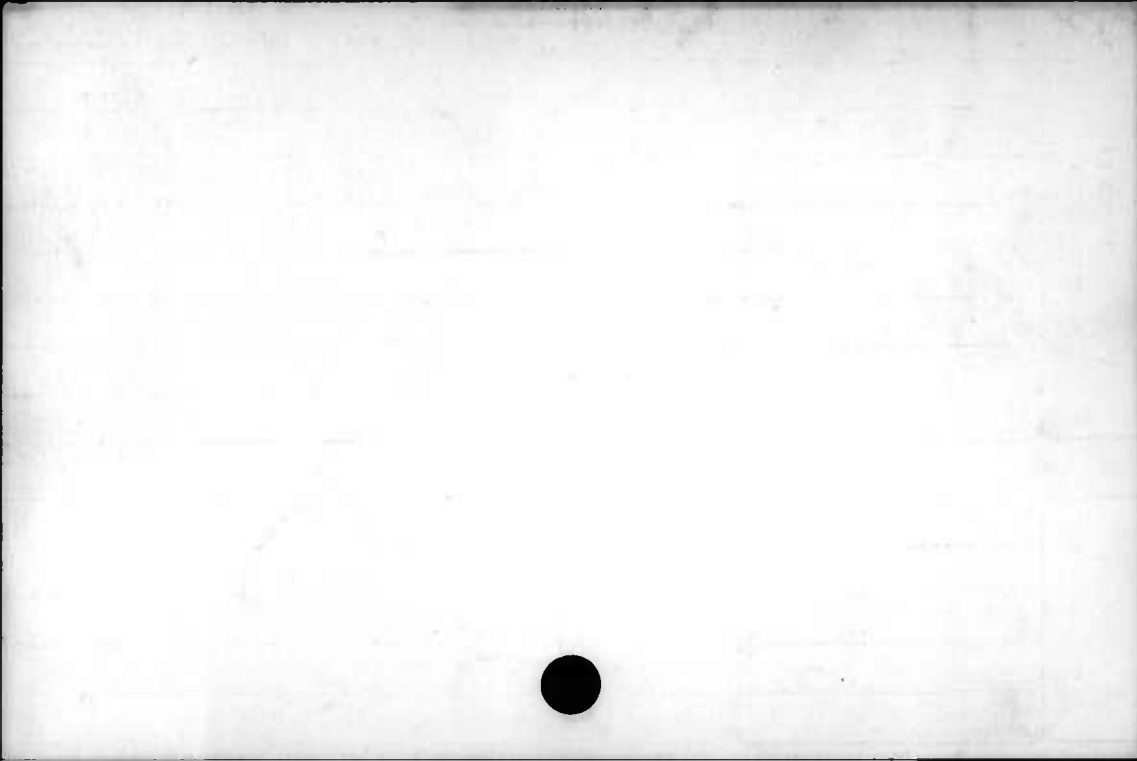
Immediate *accident on R.R.* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. M. ...*Address *Acting Coroner*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

J. L. Patterson

CERTIFICATE OF DEATH

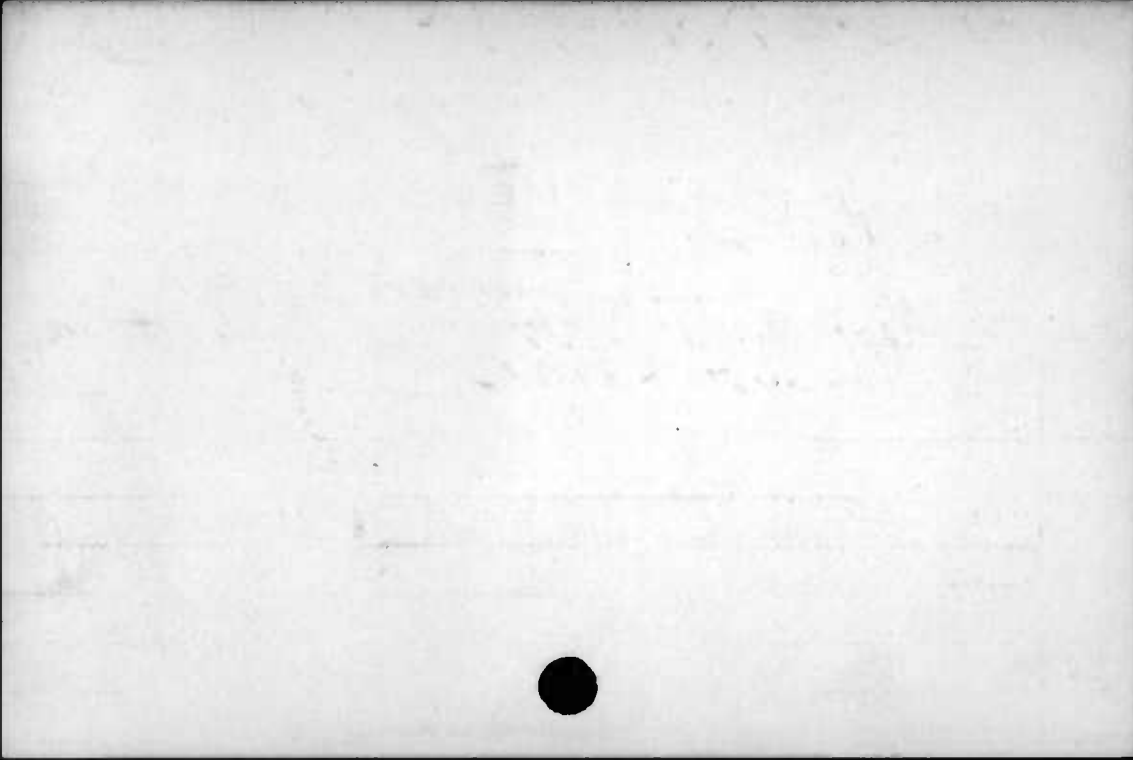
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Timber</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death	1905	Month	Nov	Day	25
Age		98		Years	4
Sex	Male		Color or Race	White	
Occupation	Surveyor		Birthplace	Philadelphia	
Married, Single or Widowed	Single		Name of Wife or Husband	<i>Louise Spring</i>	
Father's Name	<i>Robert N. Patterson</i>		Father's Birthplace	Scotland	
Mother's Maiden Name	<i>Helena H. Leiper</i>		Mother's Birthplace	Philadelphia	
Name of person giving information	<i>Mrs Nelson Reed</i>		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Bronchitis</i>	How long	<i>3 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>12</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>A. H. Hawkins</i>		
Address	<i>Cumhuland</i>		
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Mrs. Andrew Porter*

Town *Long Spring* County *Allegheny* MARYLAND

Died at *Long Spring*

Date of death *1905* Month *Nov* Day *20* Age *59* Years Months Days

Sex *Female* Color or Race *White* Birthplace *Germany*

Occupation *Housewife* Where Residing if not at place of death *Germany*

Married, Single or Widowed *Married* Name of Husband *Andrew Porter*

Father's Name *Henry Schuman* Father's Birthplace *Germany*

Mother's Maiden Name *Britha Ulzsch* Mother's Birthplace *"*

Name of person giving information *Glisan Porter* How related to deceased *Son*

CAUSES OF DEATH

Primary *Carcinoma of uterus* How long *About 2 yrs*

Immediate *Emphysema* How long *Six months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. B. Skilling M.D.*

Address *Disarming*

Accident or Suicide? *No*

PHYSICIAN
OR CORONER



Name
in
Full

Thomas Gilbert Kior

CERTIFICATE OF DEATH

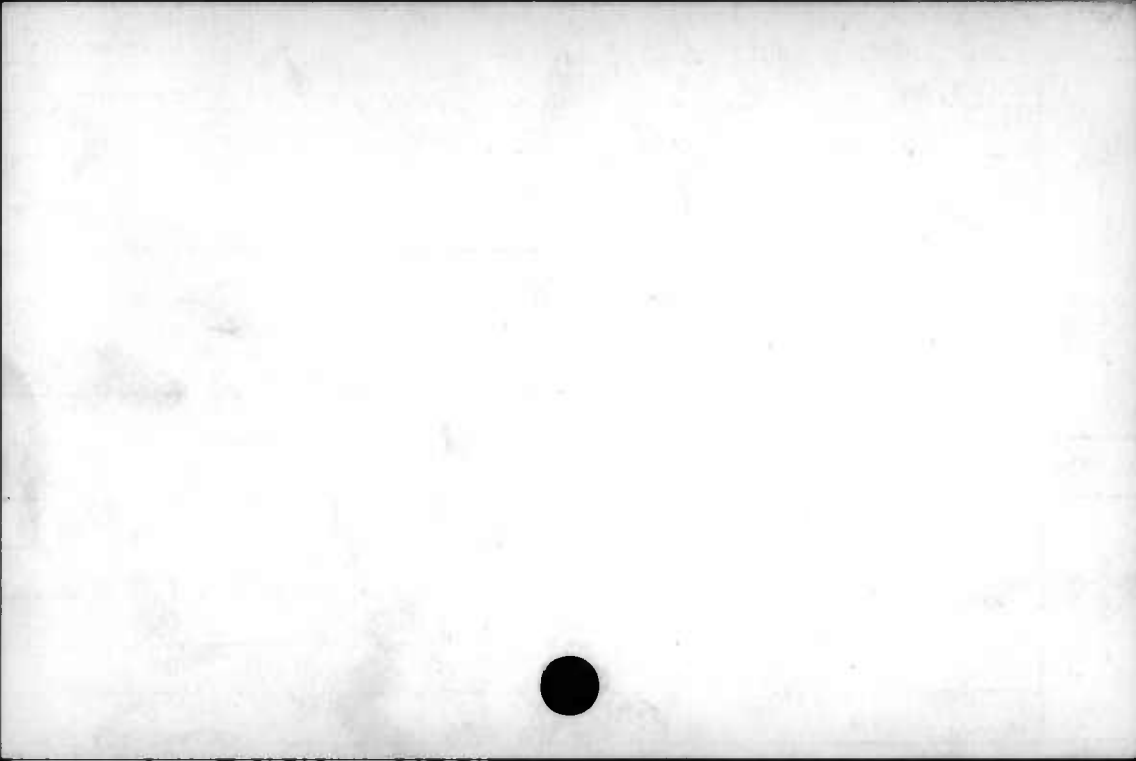
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bridford</u> ^{Town}		<u>Kods</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>Nov</u> ^{Month}	<u>5</u> ^{Day}	<u>allgany</u> ^{Years}	<u>22</u> ^{Months}	<u></u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place			
Occupation <u>Iron Worker</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Samuel F. Kior</u>	Father's Birthplace				
Mother's Maiden Name <u>Valentine</u>	Mother's Birthplace				
Name of person giving Information <u>Samuel F. Kior</u>	How related to deceased				

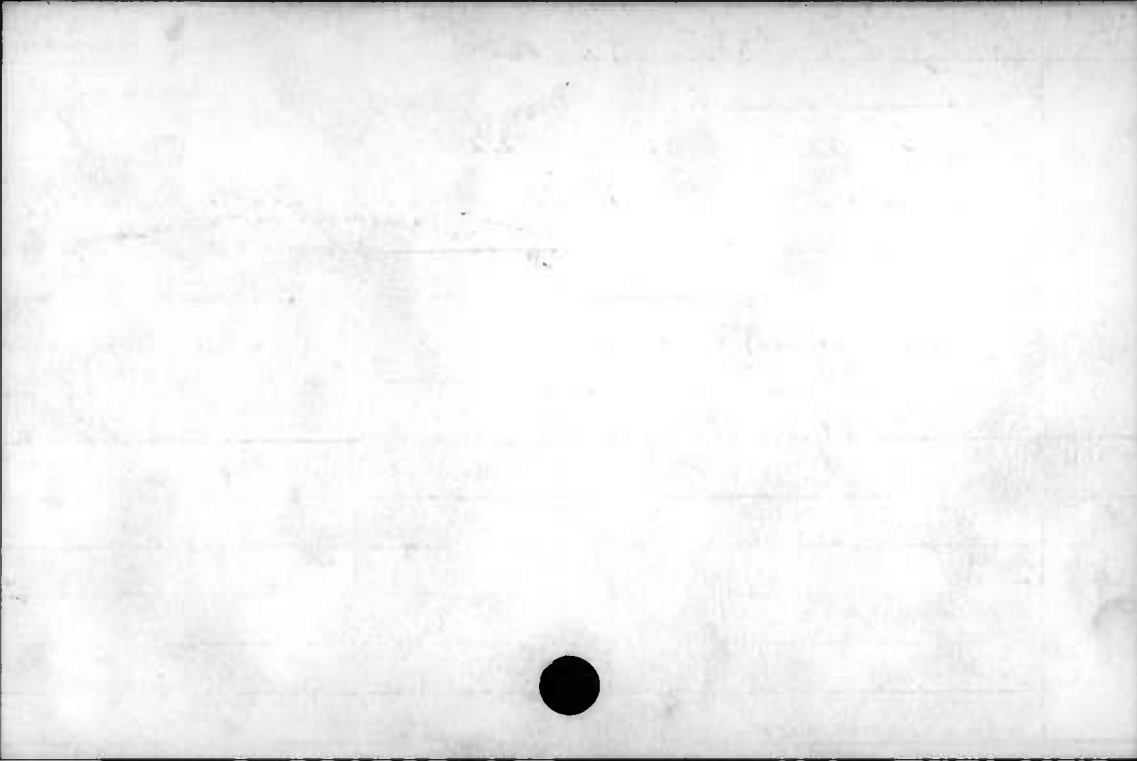
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Myocardial Infarction</u>	How long <u>20 days</u>
Immediate <u>Hemorrhage</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. J. J. J. J.</u>
	Address <u>London Md</u>
Accident or Suicide? <u>no</u>	



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Cumberland</i>		Town		County <i>allergany</i>		MARYLAND	
	Date of death <i>1905</i>		Month <i>Nov</i>		Day <i>4</i>		Age <i>22</i>	
	Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>North Branch Md</i>			
	Occupation		Where Residing if not at place of death					
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
	Father's Name <i>Geo W Kier</i>		Father's Birthplace					
	Mother's Maiden Name <i>Daniels</i>		Mother's Birthplace					
Name of person giving Information <i>Geo W Kier</i>		How related to deceased						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		<i>Typhoid fever</i>				How long <i>3 weeks</i>	
	Immediate		<i>Pulmonary Edema</i>				How long <i>One day</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>James J. Johnson M.D.</i>			
					Address <i>Cumberland Maryland.</i>			
Accident or Suicide?								



Name
in
Full

Ella C Shumaker

CERTIFICATE OF DEATH

Died at

Cumm

Town

County

Alle

MARYLAND

Date

of death 1905

Month

Nov

Day

12

Age

Years

31

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

Housewife

Where Residing if not
at place of death

Western Md Hospital

Married, Single
or Widowed

Married

Name of Wife or
Husband

Norman Shumaker

Father's
Name

—

Father's
BirthplaceMother's
Maiden Name

Ella Gesser

Mother's
BirthplaceName of person giving
information

Norman Shumaker

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

Uterine Fibroid

How long

179

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Dr. J. T. Johnson
Chamberland

Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

٥٥

محمود (١) محمد (٢)

Name
in
Full

CERTIFICATE OF DEATH

Levie May Simmons

Town

County

MARYLAND

Died at *Greenland*

Date

Month

Day

Years

Months

Days

of death

Nov

24

Age

26

Sex

Female

Color or
Race

White

Birth-
place

West Va

Occupation

House girl

Where Residing If not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

William Simmons

Father's
Birthplace

West Va

Mother's
Maiden Name

Angela Simmons

Mother's
Birthplace

West Va

Name of person giving
In formation

Floyd W Simmons

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Over dose of Laudanum

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Rose Hill

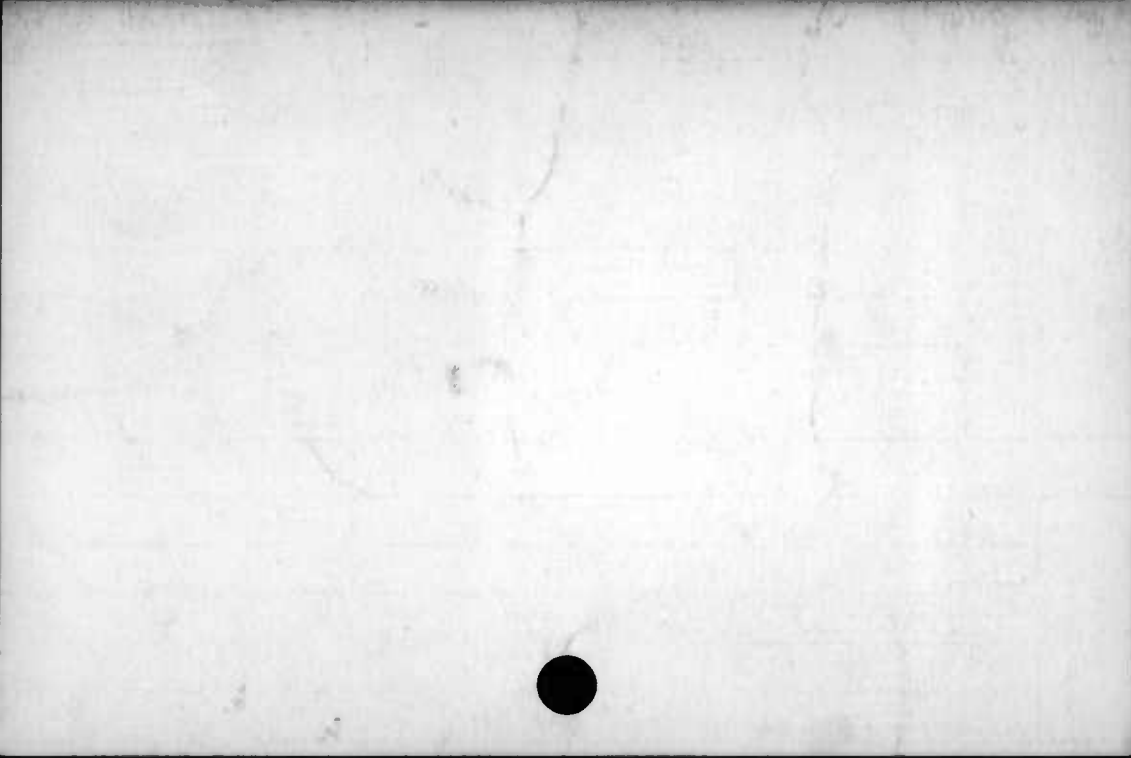
Wm. W. Hill

Acc @ ...

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth Smyth

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frostburg		County Allegheny		MARYLAND	
Date of death	1905	Month 11	Day 12	Age	45	Months	Days
Sex	Female		Color or Race	White		Birth- place	
Occupation	J.H.			Where Residing if not at place of death		Home	
Married, Single or Widowed	M.		Name of H. Husband	Alexander Smyth			
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information	Husband					How related to deceased	
					Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Dropped Dead		How long	—
Immediate	Dropped Dead		How long	—
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		Thomas H. Massey	
	Address		[Redacted]	
Accident or Suicide?				

J. H. & Und Co.

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Miss Sarah B Stair

Died at

Ellersie

Town

County

MARYLAND

Date

of death 1905

Month

Nov

Day

11

Age

Years

28

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

B & N Gomer

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Typhoid fever
exhaustion

How long

2 weeks

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

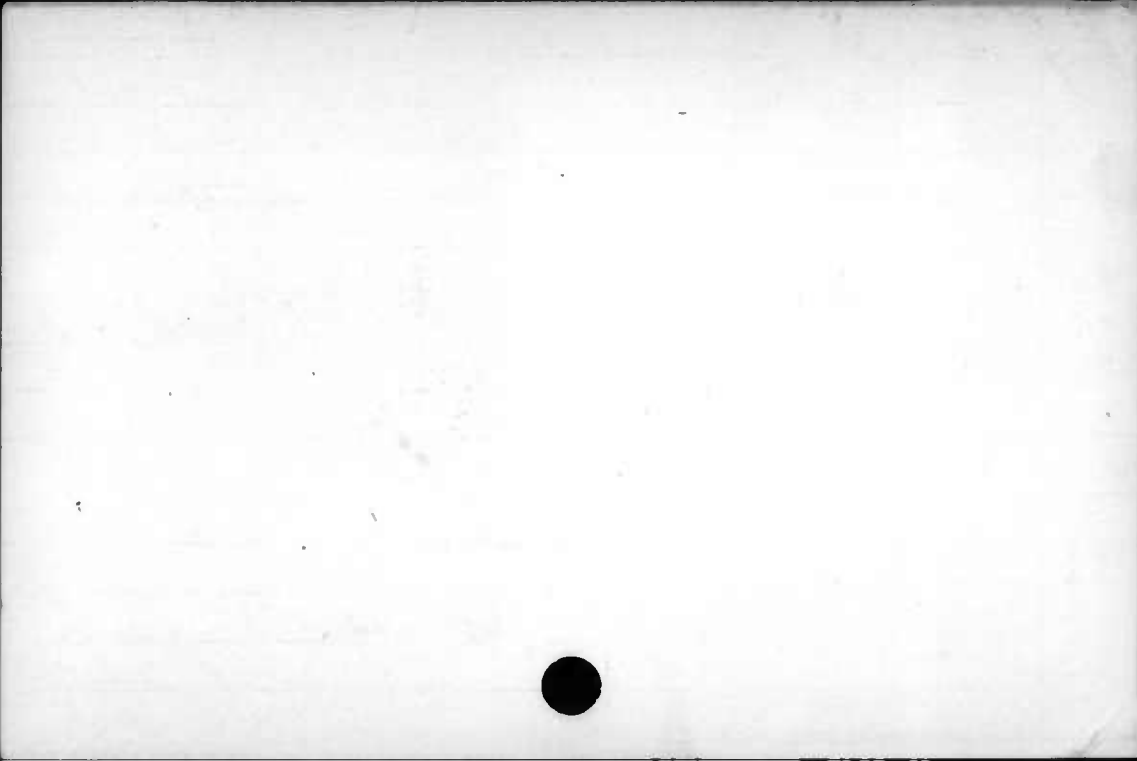
Earl Smith
Ellersie Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Alexander Stevenson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Gilmore		County Allegany		MARYLAND
	Date of death		Month Nov.	Day 18	Years 17	Months 6	Days 4
	Sex Male		Color or Race white		Birth-place Lonaconing		
	Occupation miner				Where Residing if not at place of death —		
	Married, Single or Widowed Single		Name of Wife or Husband —				
	Father's Name James E. Stevenson				Father's Birthplace Scotland		
Mother's Maiden Name Elizabeth Turner				Mother's Birthplace Nova Scotia			
Name of person giving information James E. Stevenson				How related to deceased Father			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				How long ✓ (61)		
	Immediate Cerebral Meningitis				How long 8 hours		
	Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician James C. Buckle		
	Accident or Suicide? no				Address Lonaconing Maryland		



Name
in
Full

J. Bucken Taylor

CERTIFICATE OF DEATH

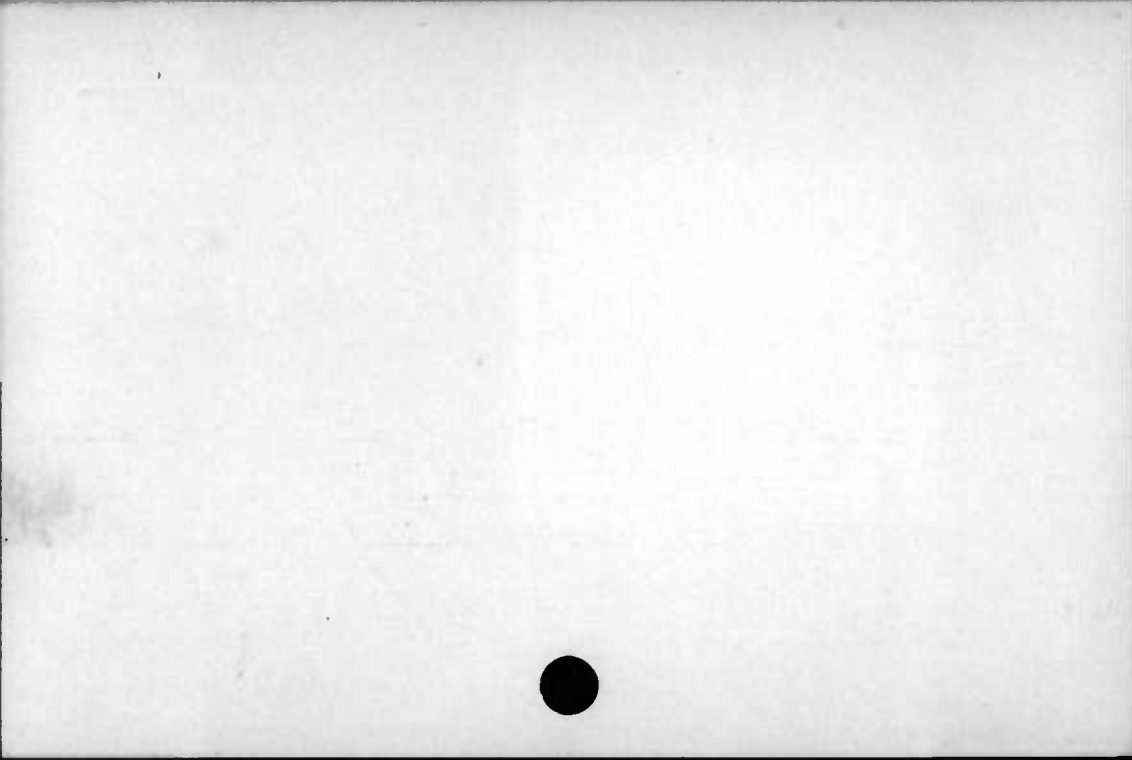
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ann</u> <small>Town</small>		<u>Alleg</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u> <small>Month</small> <u>Nov</u>		<u>10</u> <small>Day</small>		<u>71</u> <small>Years</small>	
		<u>10</u> <small>Age</small>		<u>✓</u> <small>Months</small>	
		<u>14</u> <small>Days</small>			
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>Ind</u>	
Occupation <u>Retired</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>J. M. Swiford</u>			
Father's Name <u>— Taylor</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Eva Bucken</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>J. J. Taylor</u>		How related to deceased <u>Son</u>			

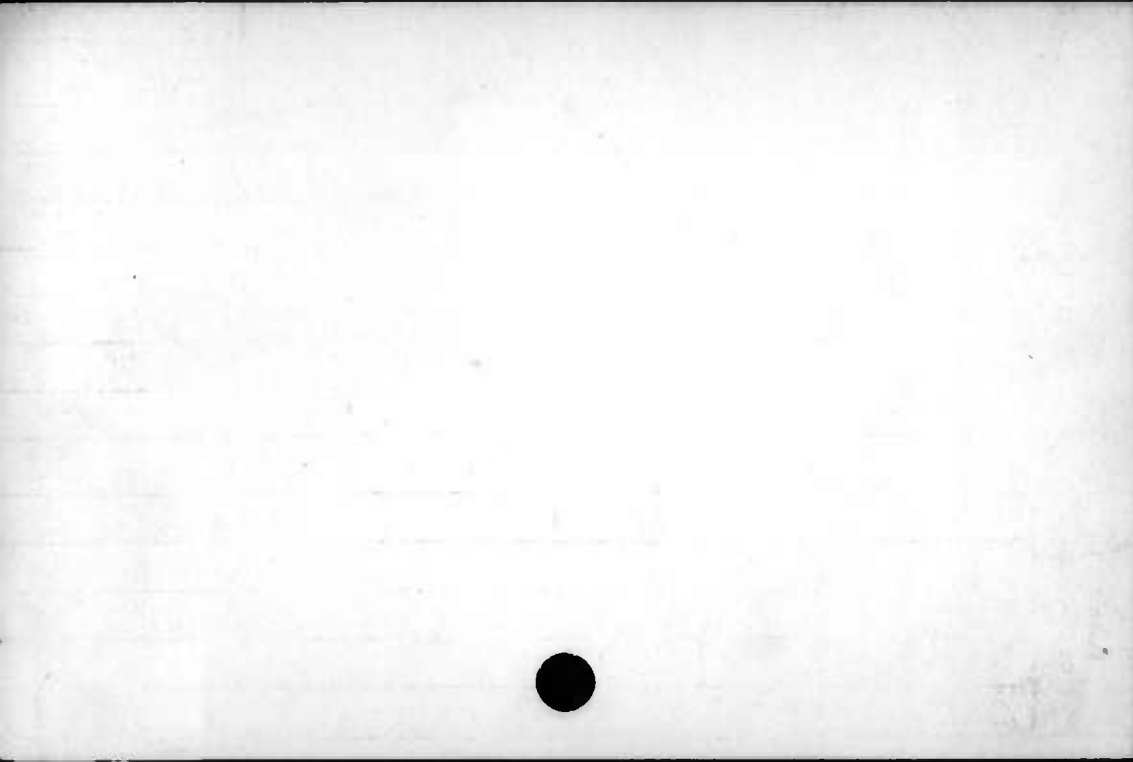
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute Indigestion</u>		How long <u>3 Days</u>	
Immediate <u>Cardiac syncope</u>		How long <u>immediate</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>A. H. Brace</u>	
		Address <u>Ann</u> <u>Ind</u>	
Accident? <u>Outside?</u>			



Name in Full		Mary Thresher				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cumberland		County Allegany		MARYLAND	
	Date of death		1905	Month nov	Day 16	Age 32	Months	Days
	Sex		Female		Color or Race white		Birth-place Mt Sencage Ind	
	Occupation House work				Where Residing if not at place of death			
	Married, Single or Widowed		single		Name of Wife or Husband			
	Father's Name George W Thresher				Father's Birthplace Ind			
	Mother's Maiden Name Maggie				Mother's Birthplace Ind			
Name of person giving information Alf Thresher				How related to deceased Brother				
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary Acute Indigestion				How long 6 hrs		(164)	
	Immediate Apoplexy				How long 3 hrs			
	Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician E L Owens			
	Accident or Suicide? no				Address 98 Va Ave Cumberland Ind			



Name
in
Full

CERTIFICATE OF DEATH

James Walker

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumt. Town Alleghany County MARYLAND
Date of death 1905 Month Nov. Day 14 Age 307 Years Months Days

Sex Male Color or Race White Birth-place W. Va.

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed Married Name of Wife or Husband _____

Father's Name _____

Father's Birthplace _____

Mother's Maiden Name _____

Mother's Birthplace _____

Name of person giving information James R. Walker

How related to deceased Son

CAUSES OF DEATH

Primary Bright disease How long 5 months
Immediate Edema of lungs How long _____

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Dr. H. C. Wiles

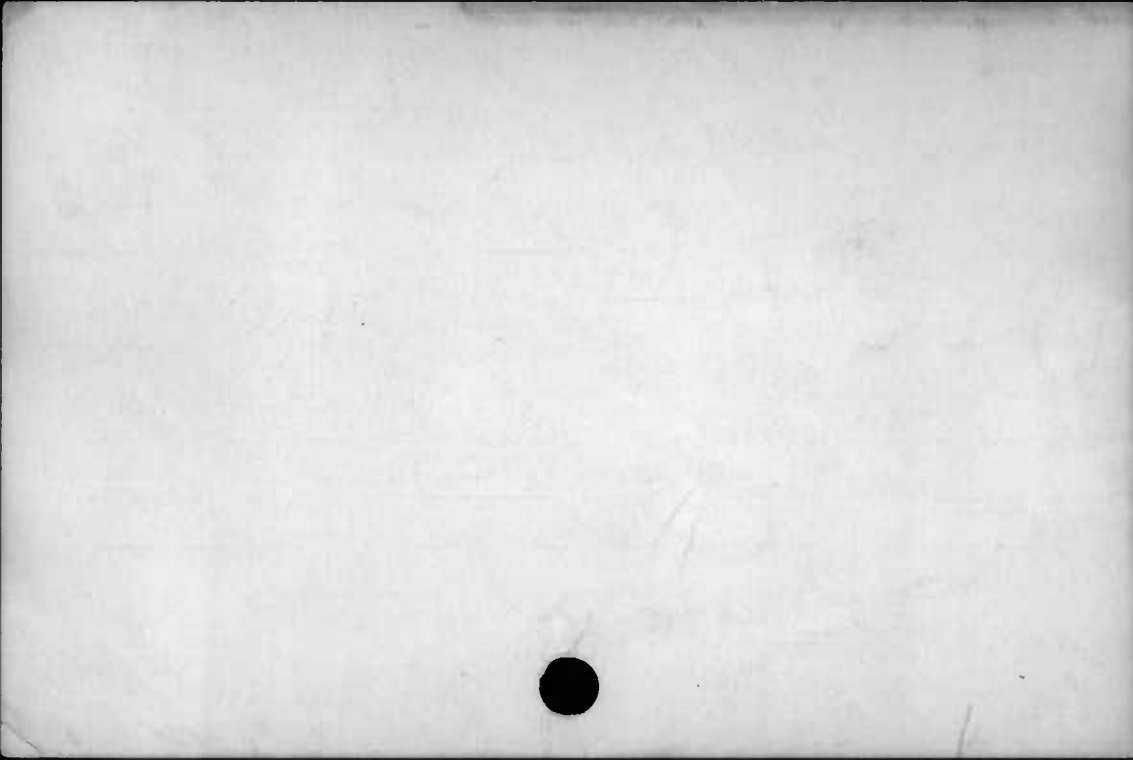
Address Cumt. and Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

8 Semour St.

Name in Full		Mary Williams				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at Columbus		County		Ohio			
		Date of death	1905	Month Nov	Day 26	Years 70	Months	Days	
		Sex	Female		Color or Race	White		Birth- place	Frostburg Md
		Occupation	---		Where Residing if not at place of death		Cumberland		
		Married, Single or Widowed	Widow		Name of Wife or Husband		-----		
		Father's Name	-----				Father's Birthplace		
		Mother's Maiden Name	-----				Mother's Birthplace		
		Name of person giving In formation				Bernard Williams			
						How related to deceased		Son	
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		Immediate				How long			
		Sudden, Heart Failure							
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
		Yes				Fun Transit Permit			
		Address				Clifton Reedy, M.D.			
		Accident or Suicide?				Columbus Ohio			



Name
in
Full

Ray William

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Midland</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month <i>11</i>	Day <i>30</i>	Age Years <i>—</i>	Months <i>4</i> Days <i>13</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>U. S.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>R. H. Williams</i>		Father's Birthplace <i>U. S.</i>		<i>179</i>	
Mother's Maiden Name <i>Sadie Ross</i>		Mother's Birthplace <i>U. S.</i>			
Name of person giving information <i>Father</i>		How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardial</i>	How long <i>3 mo</i>
Immediate <i>asthenia</i>	How long <i>3 mo</i>

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Thomas H. Maule

Address

Frostburg, Md.

Accident or Suicide?

7.7 & And 6

Name
in
Full

Willie May Williams.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frothing		County Allegheny		MARYLAND	
Date of death		Month 11	Day 17	Years 21	Months 10	Days 22	
Sex	Female			Color or Race	colored		
Occupation	Housewife			Birth-place	Frothing Md.		
Where Residing if not at place of death							
Married, Single or Widowed	Married			Name of Wife or Husband	Fred Williams.		
Father's Name	Henry Wright			Father's Birthplace			
Mother's Maiden Name	Elizabeth Jackson			Mother's Birthplace	Frothing Md.		
Name of person giving information	Elizabeth Jackson			How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Puerperal Septicemia		How long	One week.
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. O. Coker
			Address	Frothing Md.
Accident or Suicide?		No		

G. & M.

Alleg.

Name
in
Full

Sarah Watson Wilson

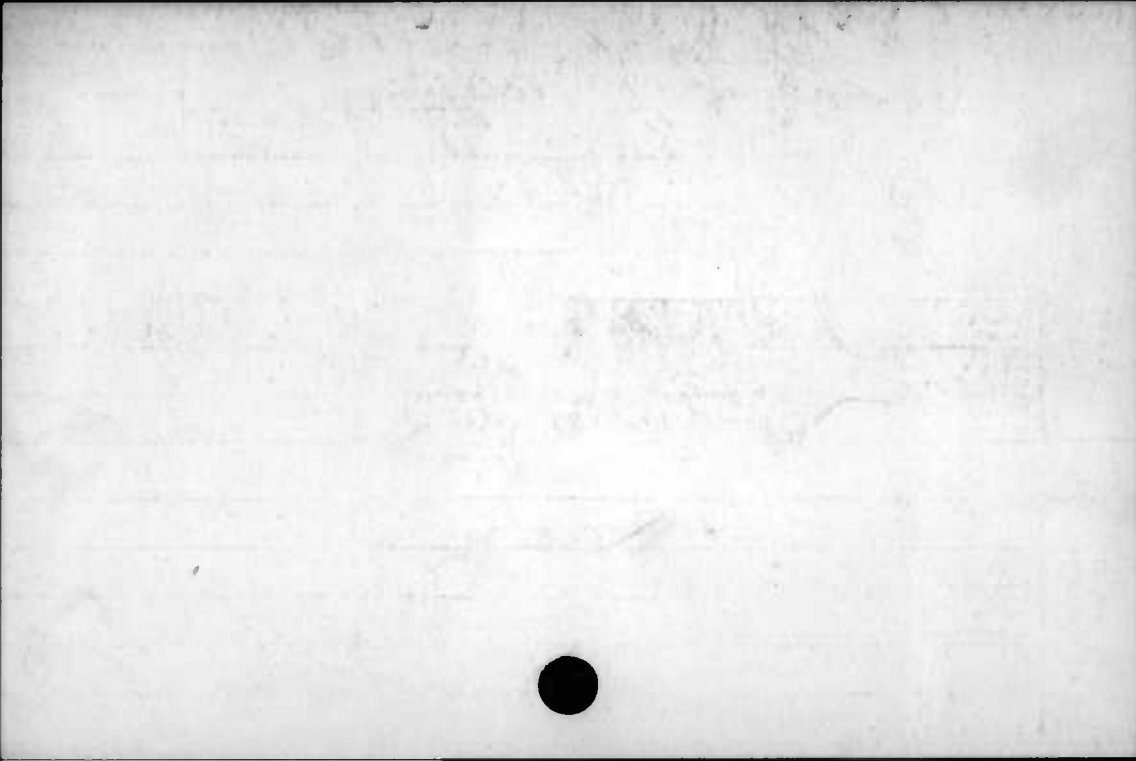
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Westonport</i>		County <i>Allegany</i>		MARYLAND	
Date of death	190	Month	11	Day	12	Months	10
Sex	Female		Color or Race	White		Birth-place	Scotland
Occupation	Housewife		Where Residing If not at place of death				
Married, Single	Name Wife <i>Robert Wilson</i>		Husband				
Father's Name	Daniel Wilson				Father's Birthplace	Scotland	
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	Robert Wilson				How related to deceased	Husband.	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Malignant American</i>		How long	<i>about 6 months</i>
	Immediate	<i>Hausch</i>		How long	<i>X</i>
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	<i>J. B. Shupe</i>
	Address		<i>Westonport Md</i>		
Accident or Suicide?					



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Baltimore* ^{Town} *Allegany Co* ^{County} **MARYLAND**Date of death **190** ^{Month} *Nov.* ^{Day} *26* ^{Age} *26* ^{Years} *26* ^{Months} *26* ^{Days} *26*Sex *Female* Color or Race *White* Birth-place *Cumtland*Occupation *_____* Where Residing if not at place of death *_____*Married, Single or Widowed *Single* Name of Wife or Husband *S.*Father's Name *J. A. Walzhafe* Father's Birthplace *Prison*Mother's Maiden Name *Annie Aschell* Mother's Birthplace *W. Va.*Name of person giving information *Jas. J. A. Walzhafe* How related to deceased *Son*

CAUSES OF DEATH

Primary *Do not know* How long *_____*Immediate *Still born - S.* How long *_____*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. H. Jackson*Address *_____*

Accident or Suicide?

PHYSICIAN
OR CORONER

Countd mB

Countd mB

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Catherine Young

Died at *Wilkesport* ^{Town} *Allegheny* ^{County} **MARYLAND**
Date of death **190** ^{Month} *11* ^{Day} *23* ^{Years} *70* ^{Months} *6* ^{Days} *—*

Sex *Female* Color or Race *White* Birth-place *West Va.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Widow* Name of Wife or Husband *anndol a. young*

Father's Name *—* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *John W Young* How related to deceased *Son*

CAUSES OF DEATH

Primary *Rheumatism* ☒ How long *7*

Immediate *Rheumatism of heart* How long *1/2 hour*

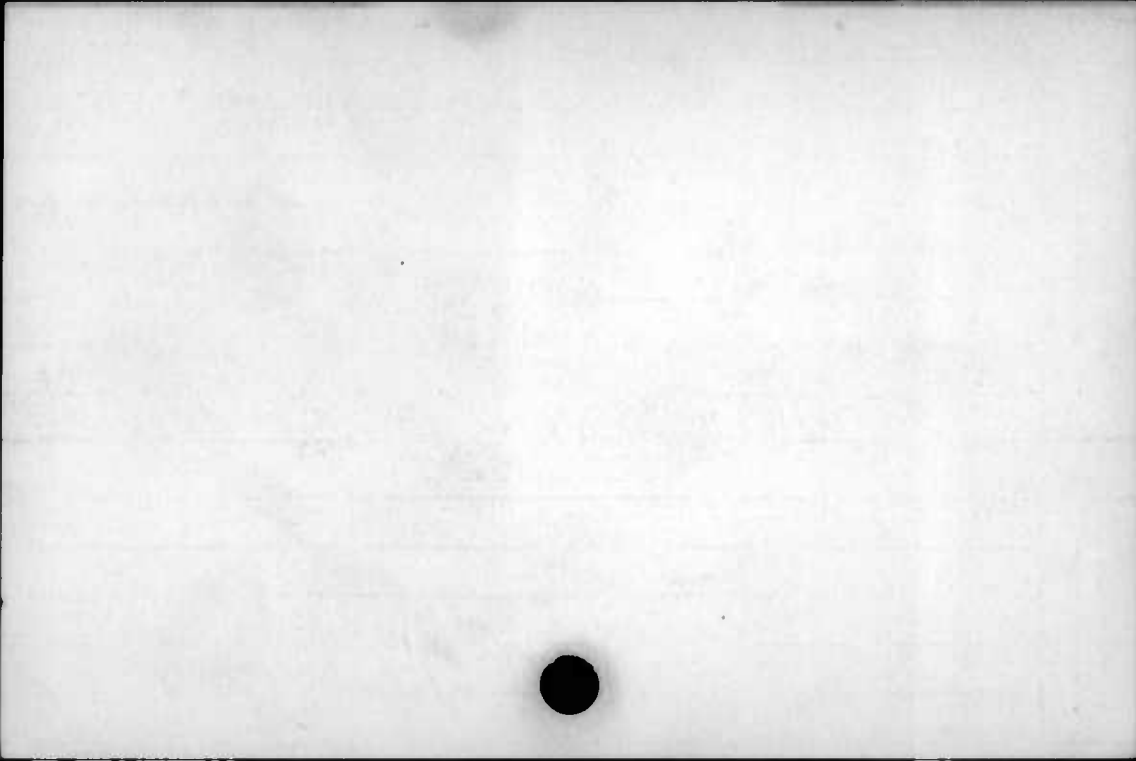
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

E. V. Parsons
Piedmont Va

Accident or Suicide? *no*



Name
in
Full

Catherine Zapp.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland Town Allegheny County MARYLAND

Date of death 1905 Month Nov Day 4 Age 81 Years Months 9 Days —

Sex Female Color or Race White Birth-place Germany

Occupation retired Where Residing if not at place of death —

Married, Single or Widowed Widowed Name of Wife or Husband —

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving information Mrs Mary Maus. How related to deceased daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Valvular lesions of heart How long about 12 months

Immediate Paralysis How long 8 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician [Signature] Address Cumberland Md

Accident or Suicide? —

